SUPPLEMENT

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SEVENTY-EIGHTH ANNUAL MEETING

OF THE

British Medical Association.

LONDON, 1910.

ADJOURNED ANNUAL GENERAL MEETING.

THURSDAY, JULY 28TH, 1910.

ADDRESS IN SURGERY.

THE Address in Surgery was delivered at the Imperial College of Science on Thursday, July 28th, at 12.30 p.m., by HARRY GILBERT BARLING, B.S., F.R.C.S., Professor of Surgery, University of Birmingham.

The PRESIDENT OF THE ASSOCIATION (Mr. Butlin) occupied the chair, and was supported by the President-elect (Professor Saundby), Sir Victor Horsley, and others; there being a very large audience.

The PRESIDENT said it gave him great pleasure to introduce Professor Barling, the distinguished surgeon in Birmingham, Professor of Surgery to the University of Birmingham, and, so far as he himself was concerned, a very old and dear friend of his. (Applause.)

Professor BARLING then delivered his address, which was published in the BRITISH MEDICAL JOURNAL of July 30th, p. 252, at the end of which there was great applause.

Professor HOWARD MARSH (Cambridge) said he had great pleasure in proposing a hearty vote of thanks to Mr. Barling, not only on grounds of personal friendship, but also on the ground of the very remarkable address they had just listened to, which had held the audience spellbound. He was sure it was the wish of those who had been fortunate enough to hear the splendid address which he had delivered that they should convey to Mr. Barling their most respectful thanks and their deepest gratitude for his eloquent argument, and they must all feel that what he had stated to them that day was good news for the whole world. (Applause.)

Professor MURPHY (Chicago) said it was to him a particular pleasure and a duty to second the vote of thanks. He had never before listened to such a judicious analysis of the cancer problem, such a consideration of its history, of its clinical course, of the patient's individual resistance, of the results of surgical achievements, weighed in words so beautiful, so eloquent, and so impressive as to carry with them the soul of a man who had devoted his attention and life to the subject, and particularly his desire that the public should be instructed in the cancer problem before the best results of surgical treatment could be obtained. (Loud applause.)

The PRESIDENT said that, before putting the motion to the meeting, he would like to point out that Dr. Murphy was the President of the American Medical Association, which was founded on the lines of the British Medical Association. He (the speaker) thought that their Association was the largest in the world, but he was quite shocked when he was told that the American association had 30,000 members, as against 22,000 of the British Medical Association.

The resolution was carried with acclamation.

Mr. BARLING, in reply, wished to express his most cordial thanks for the way in which his rather long and technical address had been listened to. The thanks that had been given him were more than an ample reward for the trouble he had taken in the matter, and it was especially a great pleasure to him that the vote of thanks had been moved by his old friend Professor Howard Marsh.

ANNUAL DINNER.

The Annual Dinner of the Association was held at the Connaught Rooms, Great Queen Street, London, on July 28th, the President (Henry T. Butlin, P.R.C.S., D.C.L., LL.D.) being in the chair. Nearly 800 were present, and among those were: His Excellency the Earl of Aberdeen (Lord-Lieutenant of Ireland), the Right Hon. Lord Ilkeston, P.C.; Lord Justice Fletcher Moulton, the Bishop of London, Sir Victor Horsley, Mr. Andrew Clark, K.H.S.; Dr. J. A. Macdonald, Dr. Edwin Rayner, Sir Thomas Crosby, Professor Lucas-Championnière; the Principal Medical Officer, Local Government Board; Dr. Ford Anderson, Mr. H. A. Ballance, Professor Saundby, Mr. Guy Elliston, and Mr. Smith Whitaker.

The Dinner was preceded by Grace, asked by the Bishop of London.

The King.

The toast of "His Majesty the King, Patron of the Association," was proposed by the President of the Association, and also that of "The Queen, Queen Alexandra, the Prince of Wales, and the other members of the Royal Family."

The British Medical Association.

His Excellency the Earl of Aberdeen, proposing the toast of "The British Medical Association," said: The toast which has been entrusted to me is that of the British Medical Association. What an opportunity and what possibilities are presented by that sentiment! I suppose the speaker to this toast could not be accused of travelling beyond his subject if he were to review the history of the healing art during the thousands of years in which it has been practised. But even if he endeavoured to keep more closely to his text and confine himself to an examination or appreciation of the career and the work of the British Medical Association, what a theme that would present to one who might have the capacity for dealing with it! If by these remarks, Mr. President, I have created any feeling of uneasiness, alarm, or misgiving, let me hasten to reassure this company. I have no grim desire to tax the forbearance of this great assembly. I value too much the privilege and the honour of taking part in your proceedings to run the risk of having a black mark put against me, and people saying, "Don't ask him to speak at your dinner! You don't know what you are in for!" Therefore I will endeavour to keep myself to one or two points. I think when a layman is invited to contemplate what this Association is and what it means, feelings will be evoked in his mind which might best be expressed, perhaps, first by a note of exclamation, and then immediately by a note of admiration—the note of exclamation evoked by the magnitude of the Association and of its operations, and the note of admiration by the method and the merit which attach to its work. As to magnitude, I understand your membership is now about 22,000; but more than numbers is the fact that it is so widespread and its ramifications go throughout many, many parts of the globe. However, I will not dwell upon the magnitude of the British Medical Association, but I will turn at once to the other aspect of the Association—what, with all respect, I venture to describe as the merit of its methods. Of course I use that word in its comprehensive sense—method in regard to the spirit and the principle by which it is inspired and directed. You have that sure sign of vitality and growth—the capacity for adaptation. Sometimes a society is spoken of with great respect, but without any great enthusiasm, perhaps because it is resting on its oars, and it is not keeping abreast of the times. Those, however, who have noticed anything about your Association, even from the external point of view, must be aware that from time to time you have adapted yourselves to circumstances and to occasions. If I am not mistaken, at a comparatively recent date you enlarged the representative character of your organization so as to make sure that all your members should have a voice, directly or indirectly, in the management of the affairs of the Association. I only mention that by way of a topical illustration of the representative character of your Association. Turning to practical results, the President, in his most fertile and striking inaugural address on Tuesday evening, brought out in forcible manner two facts or elements, among others—namely, to put it in summarized form, that the Association not only serves the profession but serves the public—as, for example, in that systematic and continued encouragement of research which, begun in a comparatively small way, has grown steadily as opportunity offered, until now, with scholarships and other means of encouragement, the Association is doing great work in furthering research in, at least, the scientific sense. There is no diminution, as time goes on, in the need of that kind of encouragement. On the contrary, I rather think that the awakening on the part of the public which is now going on, happily, to the full meaning and the immense importance of public health and of State medicine, involves a fresh call upon your Association for the help and the strength which you can give to the movements in those directions. The Address in Medicine given by Dr. Mitchell Bruce—I venture to think no one who heard that address is likely to forget it (Hear, hear)—contained many notable passages, and incidentally the remark that the State looks to the medical and surgical professions for the material on which to construct health legislation. That remark, of course, involves and implies a great deal, and I cannot help alluding to another incidental expression of Dr. Mitchell Bruce as to advancing the principles of medicine, which is only another instance of the work which goes on in your profession. You have always fresh realms to conquer. As to the assistance which the medical and surgical professions can give to the State in the matter of health legislation, I cannot help alluding to what I think is more or less a homely example which will appeal to you. We have all been annoyed by the smoke which is exuded from the rear of so many motor cars. I think the public of London is proverbially patient and long suffering, but I cannot help thinking, if the public knew that this nuisance is as unnecessary as it is intolerable, that they would not put up with it. Have you noticed that in the portions of the public parks in which motor cars are allowed that they do not emit this smoke? Why is that? It is because the park-keepers have authority to stop and turn out of the park any car so offending. But in the streets of London the offence is committed with impunity, because the police have not sufficient authority for dealing with it. There may be theoretical rules and regulations which they are supposed to put in force, but the fact is that the procedure is too cumbrous, and therefore it is that you may see at any point of crowded traffic—for instance, at the top of St. James's Street—police constables enveloped in the abominable vapour. They could hardly take a car's number because they are lost in the smoke. I can tell you on good authority that the constables have to be relieved at short hours because of the distressing effects upon them by this smoke. That is an intolerable infliction upon the public, and what I venture to hope is that your Association will, as you so often do in regard to other matters, encourage public opinion to demand legislation on the subject. That is only an example showing that if you make the public alive to the fact that their health is concerned, and that there is a remedy, they will be stimulated to do what is necessary to stir up the authorities. I venture now to allude to one other feature and aspect of your work or operations, namely, the custom of holding annual meetings in different parts of Great Britain and Ireland and the dominions beyond the seas. I have had the pleasure of being a guest at meetings not only in the United Kingdom, but at Montreal some years ago. The impressions derived last year at Belfast have been very marked upon myself and others. When you bring the public in contact with yourselves, people are surprised to find how much they can share in and contribute to

the value of your discussions. At first sight they say, "This will be very technical and we shall not be able to understand," but when they come to the meetings they do understand and they appreciate. This applies to your meeting in London. Poor old London must have a share in your meetings, and I am delighted that I am able to appear at your meeting here. As to the participation of the public, I could not help thinking of it at the Section of Radiography and Roentgen Rays, presided over by a gentleman who has done splendid service in that direction, including protection from injury from the rays, but whose retiring disposition has prevented his services from being so well known as they might be. At that Section Sir J. J. Thomson, a well-known professor of Cambridge, gave an address, and in the course of that address I observed that he held the attention, not only of the experts in the room, but of those who had no pretension to expert knowledge. He gave us a remarkable suggestion, or, at least, he suggested this fact: That by means of radiation from certain metals when exposed to the Roentgen rays the same curative effects were obtained as from the direct action of radium. He presented that thesis, and it was remarkable to see how thoroughly it was taken up by the audience. We do expect a great deal from you of the medical and surgical professions, and we are not disappointed, but even you, with all your skill, cannot go beyond human capabilities and prevision. I was reminded the other day of how calculation may be falsified, and it is somewhat of an illustration of what I am speaking. It happened that a physician, in the course of his practice in one of the wards of a hospital, had to treat a poor old Highlander, named Mackintosh. The physician saw that Mackintosh was evidently very far gone, and he thought it his duty to say, "My poor fellow, if you have any friends, you had better send for them." Said Mackintosh, "Has it come to that? I dinna ken there's any one I would send for, but there's just ane thing I'd like." "What is that?" said the doctor. "Just ane skirl o' the pipes," was the answer. "Yes, I think I can manage that," said the doctor. "I will do what I can to send a man to play the pipes." Accordingly he found a piper, and told him to play in the ward of the hospital, but not to make too much noise. The next morning, when the physician came to the hospital, he met one of the nurses in the ward, and said, "Good morning, nurse. When did Mackintosh pass away?" "Pass away!" said the nurse; "I have just taken him a breakfast of porridge and milk." "Porridge and milk!" exclaimed the doctor, "of all the extraordinary things I ever——" The nurse interrupted him tearfully. "There's something more extraordinary than that. All the other patients in the ward have died." Let me tell you another story relating to a subject as to which even your skill cannot be always effective. A sympathetic man was visiting a poor old friend in the workhouse, and in the course of conversation he said, "You have lived a very long time. What a lot you must have seen in your life!" "Yes," was the reply, "I've lived a great many years, and if my poor sister had lived till come next Tuesday she'd have been 83 years of age." "Oh," said the visitor, "when did you lose your sister?" She was still-born," was the reply. Gentlemen, if I have been too digressive, let me assure you it is not induced from a sense of being the spokesman on this notable occasion, and, in conclusion, let me congratulate the Association on the success which has evidently attended the meeting in London. I couple with the toast of the British Medical Association the name of the Chairman of Council, Dr. J. A. Macdonald. The mantle of a good man has fallen upon him, and I am sure he will wear it well. Gentlemen, I give you the toast, "Success to the British Medical Association." (Applause.)

Dr. J. A. Macdonald (Chairman of Council) said: I feel it a very great honour that I am permitted on such an occasion as this to respond to the toast of the British Medical Association. First of all, on behalf of the Association, I should like to tender our thanks to His Excellency the Earl of Aberdeen for the very felicitous and appreciative manner in which he has proposed this toast. We recognize him as a very distinguished member of our Association, and we feel very proud to call him so. He has expressed to you to-night what we consider, as well as he, our duty and our privilege, namely, to do our best on behalf of the health of the community. Such an Association as ours, spread over the earth from one end to the other, must have an enormous influence in bringing about a good condition of affairs so far as the health of the people is concerned. This occasion is one of which the Association has reason to be proud. We meet here in what I may call the capital of the world. It is the greatest city, at any rate, in the world, and I think it marks a distinct departure in the history of this Association, and I look upon it as a happy augury, that the highest corporation in the world has condescended to give us a welcome to the Capital of the Empire. A further distinct departure to be remarked is the presence of distinguished lady members of our Association. Quite a large number of them are present to-night. This Association is principally for the furtherance of science and for the relief of needy suffering humanity, but these occasions on which we meet for social gatherings are not to be despised. We meet in different parts of the Empire at one time and another, and we very often find that the success of the Association at these meetings is to a great extent due to the very distinguished men we have present. We have many here to-night, but we have here in our President one of the most distinguished men in the world of surgery. As the Earl of Aberdeen has expressed to you, for some time there has been a distinct departure on the part of the nation in looking after the health of its poorer members, and it is one of the greatest honours which the British Medical Association takes to itself that it is doing its best to assist the Government in carrying out its great schemes. With the power in our hands I look forward to the time when every member of the profession will be a member of this Association. I beg to thank the Earl of Aberdeen for the way in which he has proposed the toast, and the members for the way in which they have received it.

The Guests.

The Treasurer (Dr. Edwin Rayner), proposing the toast of "The Guests," said: I really do not know why this toast devolved on me, but it is a very pleasant duty and a very important toast. I shall speak to it very briefly because my function is to introduce the visitors, so that you may hear from them their views of the Association. First of all, I should like to say how pleased I am, and how pleased many of the members of the Association are in meeting with the Right Honourable Earl who was so kind to us in Canada and at Belfast, and whose presence has graced our board this evening. I am quite sure that those of us who were in Canada and at Belfast will be delighted to see him here again, and we hope that every year he will be here if he can manage it, because he is one of those men who have a certain amount of respect and admiration for the Association. (Hear, hear.) I say that because we suffer much from all sorts of Governmental Acts requiring us to perform duties "free, gratis and for nothing," and for which we receive nothing. I think if we had a little more sympathy from the various Governments, one after another, we should feel greater pleasure in doing what we can for the community without so much, what I may call, grudging. We are always ready to do them, but we never get any thanks. However, perhaps I am digressing. We all know the visitors here by name, although we may not be personally acquainted with them, and our foreign guests have a reputation all over the world. Medicine is not confined to one part of the world. Medicine is cosmopolitan, and we are always glad to learn from whoever comes to us their views on debatable points, and I must say, with the exception of Lord Lister, more good has been done by the foreigners than by us. Lord Lister is a man who ought to be remembered as long as the world lasts, and if there is a man who deserves a monument,

he is the man. I have been told I am to ask two gentlemen to respond to this toast. One is a man known all over the country as a judge, and if he had not been a judge he would have been almost still better known as a scientist; and I venture to think when he divests himself of his judicial mind and puts on his scientific garb, though it is a great change to him, it is also an advantage to those persons who, fortunately or unfortunately, perhaps, have to occupy his time. With regard to the other gentleman, Mr. Austen Chamberlain, he is unfortunately prevented from coming. I have a certain amount of sympathy with him, because he and I are much in the same boat. He has been Chancellor of the Exchequer, and I am chancellor of the exchequer of the British Medical Association. With your permission, I would digress a little, for this reason—some of our friends are not well acquainted with the English language, and I should like to address them more or less in their own language: "Messieurs et chers confrères,—De la part de l'Association Britannique Médicale, je vous souhaite le bien-venu. Il y en a parmi vous des deux hémisphères, de presque tous les pays du monde civilisé et de plusieurs langues qui sont venus de pays lointains pour rendre honneur à l'Association Médicale Britannique, et pour nous instruire en nous rendant compte de vos travaux et de vos expériences. Je crains que dans beaucoup de cas vous n'ayez pas fait très bon voyage. Acceptez, Messieurs et chers confrères, je vous prie, nos remerciments et nos hommages, et quand vous serez de retour dans vos pays, souvenez-vous de temps en temps de votre visite et du plaisir, j'espère partagé, que vous avons tous éprouvé. Messieurs et chers confrères, à votre santé."

Lord Justice Fletcher Moulton, replying to the toast, said: I have been introduced to you as a lawyer, and I avail myself of my privilege, using a legal phrase, in returning thanks for this toast, of doing so in what we lawyers call a representative capacity—I return thanks for myself and all the other "outsiders" that you have honoured by your invitation. When a plaintiff is in a representative capacity the first rule of the court is to pay no attention to the insignificant person who is chosen to be plaintiff. The court only looks at the class which he represents, and he is bound to put aside native modesty and put forward all the claims of those whom he represents as forcibly as possible. The consequence is that I return thanks for this toast in no humble spirit at all, but with a sense of our great importance. You are a great profession, nowhere so perfectly represented as in this great Association, and personally I tremble before you as a society, and I tremble still more before certain individuals belonging to it. But, for all that, I intend to keep a high tone while I address you. A change has come over medicine in my lifetime. It is no longer a study of symptoms; it is a study of causes. As wave after wave of medical students got taught the new law, although they had to look at symptoms, they got impressed on their minds the idea of universality of causes, and they saw in each disease not only that which a possible fee-producing patient might suffer from, but they saw that which might affect a nation. Gentlemen, nobody can with impunity come under the influence of great ideas; they get hold of him, they make a slave of him, they are his master. And from and since the time that the medical profession grasped this idea of disease as being national you have wanted the help of us poor outsiders. A change has come over you as great as that which changed the hermit Peter into Peter the Hermit who preached the Crusades. We find you now members of a profession that would scout asking for a patient. We find you taking communities by their throats and forcing them to listen to you. If you allow yourselves thus to be dominated by great ideas you need outside aid. What are the two great ideas which, looking back on the history of the past fifty years, I say have mastered the imagination and conquered the will of the medical profession? The first is, you have seen around you national decay due to national disregard of health; the other is, you have learnt to what a fearful extent disease is due to the irrepressible vitality of minute organisms; and therefore you have seen that the business of your profession, over, above, and beyond the care of your individual patients, was the struggle to induce nations to adopt and obey those laws of health by which alone they can have nations of men, and you have learnt that all must join in a war of extermination of small animals—perhaps I am using too complimentary a word—the small vital particle to which almost all the misery of our lives is due. Looking at your work from this point of view, I feel very proud of the people I represent in this toast. I have next to me one who in his own person and that of his wife has done work that will never be forgotten in the campaign against tuberculosis in Ireland. I see at a little distance on the other side of me one who has worked in helping the poor cripple, and he is known all over the kingdom. You have called for that assistance and it has been granted you. I look upon those I represent as coming here strangers to your knowledge, wondering at your erudition; but still with a feeling of camaraderie which makes it extremely pleasant to be welcomed by you all. (Applause.) If the respect in which your profession is now held by the world is to grow in the future as it has in the past, it will be because more and more this splendid idea of fighting as nations against that which destroys life and, still worse, destroys health, will be the watchword of those who wish their country well. They must turn to you, for it is only through you and by your advice that they can work. In doing so they feel that they can assist you; and they can assist you not only in carrying out those great ideas and winning the victories which you win and routing the enemy, but they can assist you—and it is their highest aim to assist you—in moments which are not moments of triumph, but which are moments when you are groping through darkness to twilight and through twilight to light, moments when you are misunderstood, when your aims are supposed to be erratic and misconceived. They can give you their sympathy and support in those moments. (Applause.) Gentlemen, let me tell you, as one of the despised outsiders, that as I go through the world I feel more and more that the work which the medical profession has done in the last fifty years is becoming one of the prized domains of thought among all intelligent and well-disposed citizens; and I can assure you that you will find, if you boldly go on in the good faith, you will never lack the friends or support you want. Having thus proved, in the tone of insolent self-sufficiency, that we deserve to have our health drunk by you, let me relapse to the position of the poor plaintiff and say how very little worthy I feel to have been allowed, even with such an excuse, to address so great and so learned an assembly. I thank you all. (Loud and continued applause.)

Dr. Lucas-Championnière in further response, said: I usually much regret to respond to a toast—in England, at any rate—because I find it difficult, as I quite appreciate, owing to my lack of complete understanding of the English language; but to-day I am very grateful for the invitation to respond. I am grateful because it is a good opportunity to pay off to the British Medical Association an old debt of mine. Mr. President, in your admirable address you said many things of the British Medical Association with regard to your social progress, your scientific progress, your meetings, and your grants, but you said nothing of your foreign guests. (Laughter.) I regret that, because I think your Association, by means of your foreign guests, has been able to add largely to English science in all the world. Will you allow me to tell you a very short story? It was in 1875, and thirty-five years in the life of a man are a long thing; but in the life of science they are a short thing. In that time a great change has occurred in surgery, and many hundreds of years had elapsed without that change, and that change is due to one of your own countrymen. I was at that time a guest of the British Medical Association at Edinburgh. I spent

a week with the British Medical Association and a month with the Professor. On going back I said and wrote what I had seen at the time, but I was no prophet in my own country. If our friends of that time were here to-day they would agree that very few people thought, or had an idea of, what modern surgery was to become. When I went back to France after being a guest of the British Medical Association, my book was read in France, and was objected to in France. After a long time it was translated into Russian, into Italian and Spanish, and even into English. It was translated into English by an American, Dr. Gerrish, who gave, I think, a good translation. I think I had given a good idea of what I had seen on the day I was a guest of your Association. As British science grows, your guests have to thank you, not only for your celebrated British hospitality, which is not always wise, but for the advance of science. Your guests go back to their own country taking with them not only a good remembrance of your hospitality, but a good remembrance of your British medical science. Let me say, on behalf of all your foreign guests, that I am most thankful to you for your great hospitality.

The President.

Sir THOMAS CROSBY, proposing the toast of "The President of the British Medical Association," said: At this late hour of the evening my speech will be short, much too short for the importance thereof. I am taking the place of the right hon. gentleman (Mr. Austen Chamberlain) who is prevented from coming by some temporary illness, but you will be glad to hear that it is a temporary illness and that he is under the care of a distinguished member of this Association, and we trust the right hon. gentleman will soon be able to resume the important duties which devolve upon him. The toast, gentlemen, is to the health of our newly-elected President. I lay emphasis on the health, because we all know full well that, if he has the health, we may look forward to a successful and prosperous year for the Association. If I possessed the oratorical powers of Demosthenes or Cicero, I could not say too much in favour of your selection for this important post. You have, I believe, for the first time in the history of this Association, a President who is also President of that distinguished body, the Royal College of Surgeons. (Cheers.) You made, and it will be proved to those who live the year out, an excellent selection in Mr. Butlin when you chose him to occupy the position of your President. All I have to say is that we wish him health, for lack of that is the only thing which will prevent him doing good work for the benefit of the Association. Without further words I give you the health of your newly-elected President, Mr. H. T. Butlin.

The toast was received with loud and continued applause, followed by the singing of "For he's a jolly good fellow," cheering, and further cheers for Mrs. Butlin.

Mr. BUTLIN, who stood on the chair to address those present, said: There are two kinds of presidents—there is a long president with a short tongue, and a short president with a long tongue, I am sorry to say. You have been unfortunate enough to choose the latter. He has tried to increase his stature, and his other attempt will be to shorten his tongue. He cannot allow this occasion to pass without speaking of the assistance he has received in every quarter in the organization of this great meeting. When I was asked a year ago whether I would undertake the post of President, I said I was not well, that I was not fit to do it, and that some more distinguished person had better be chosen; but I was told that the Association would like me to take the post, because it was thought that it might be of some use to them that I was acquainted with the ways of working of the Association. I was told also that the work of organization would be taken largely off my hands. Dr. Lauriston Shaw told me that there would be many organization committees, that strong men would be appointed chairmen, and first-class men would be on the committees, and they would do the work. They have done the work. I was asked at one of the first meetings to encourage them, but they never wanted any encouragement. They did what was wanted with such zeal, that I really had to restrain them. We have taken care, as far as we could, to appoint first-class people to the scientific Sections. We have not made any mistake in that, but we could not appoint everybody. I have been watching the work of the Sections with great attention this week, and it has been admirably performed. Further, we have had the help of the City of London. I am sorry that the Right Hon. the Lord Mayor is obliged to go, and the Sheriff with him. We have had excellent help from them and from our honorary member, the Earl of Aberdeen. Our assembly has been graced by the Bishop of London, by Lord Justice Fletcher Moulton, and by other very distinguished persons, so that I myself really have had as little as any one man could do with the success of this meeting. For myself I will only say this: I really have been received with such kindness this week, and so many compliments have been paid me, that I have woke up in the night once or twice and actually thought myself a distinguished person. But, more than that, I have had something better—I believe I have had the kindly feeling and regard of every member of the Association. It has touched me to the heart, and I am very glad that you have given me this one opportunity of expressing to you the kindly feelings which I feel towards you all from this somewhat undignified position; but it has enabled you, I do hope, to hear what I had to say, and I am sure you would not have heard it if I had stood on the floor. I have to thank Sir Thomas Crosby, not only for the kindly way in which he proposed my health, but because he was one of the chief persons who—I will not say persuaded, because they required no persuasion—put before the Lord Mayor and the Corporation of London the desirability of entertaining the British Medical Association. (Loud applause.)

The singing of the National Anthem brought the proceedings to a close.

THE MEDICAL MUSEUM.

A MORE detailed inspection of the Museum, of which a general description was given in our issue of last week, has increased our regret that the collection could not have remained on view for a longer time; for, indeed, after spending the week in its midst, we found there were still many specimens which could not receive the attention they deserved.

In the following account of the different sections, each of which was under the charge of an honorary curator specially interested in the subject, all that can be done is to touch on the general scope and the specimens which we were fortunate enough to see.

I.—BACTERIOLOGICAL SECTION. (*Honorary Curator*, Dr. Henderson-Smith.)

The main portion of this exhibit was devoted to illustrating the methods commonly used for the isolation and identification of typhoid bacilli, particularly from stools or urine. Thus a number of differential media were shown with typical examples of the growth on them of typhoid, *B. coli*, and mixed cultures, including MacConkey's medium, Drigalski-Conradi, various malachite and brilliant green media. The identification of colonies isolated was shown by illustrations of the fermentation reactions of a number of the more familiar organisms on various carbohydrates, by macroscopic and microscopic agglutination, by mobility, and finally by means of the complement deviation method. Some points regarding the morphology, etc., of the typhoid bacillus were illustrated by microscopic slides showing flagella, single-cell cultures by Burri's Indian-ink method, etc. The enormous numbers of typhoid bacilli which may be excreted by typhoid carriers were clearly shown by plates made direct from the stools of such cases, and also by one made direct from the urine of a urinary carrier, when 4 drops of urine were shown to contain about 300 typhoid bacilli.

As a pendant to the complement-deviation method, the technique of the Wassermann reaction for syphilis was shown, and Dr. H. R. Dean showed the method of titrating the extracts used in this reaction. The occurrence of "group reactions" in complement-deviation experiments was also shown by Dr. Dean for typhoid and the paratyphoid bacilli. Slides of spirochaetes, etc., were exhibited.

Dr. W. J. Penfold exhibited a series of plates and cultures showing the modifications in cultural reaction which typhoid and other bacilli may be made to assume by special methods of cultivation and continued training; for example, true typhoid, which has acquired the property of fermenting lactose. The influence of the oxygen tension on fermentation reaction was also shown by plates grown under different pressures of oxygen.

Mr. Chopping (Westminster Hospital) exhibited and gave a demonstration on a series of preparations of "solmedia." These are the media used in bacteriological work for the growth of bacteria, produced in a dry stable form, which is readily portable, very easily prepared for use by the simple addition of water, and suitable for use in the tropics or in small laboratories where only a limited amount of any medium is required at a time. This exhibit, which aroused much interest, speaks well for the class to which Mr. Chopping belongs, the lay assistants of scientific workers: we anticipate for them a much better recognized position in the laboratories of the near future than at present is granted them.

II.—Tuberculosis Section. (*Honorary Curator*, Dr. Petrie.)

This Section contained a series of specimens from the Lister Institute, illustrating the examination of milk for tubercle bacilli—an exhibit forming a more striking picture of the inefficiency of the milk supply of the County of London and other large centres than all the statistics and reports on the subject that have been put before the public in recent times. The coarse filth and animal contaminations were shown side by side with the guinea-pigs that had died from tuberculosis after inoculation with the sediment from milk samples.

Some instructive examples of the newer methods of cultivating tubercle bacilli direct from the lesions and discharges were shown, namely, growth on Dorset's egg medium from glands, pus from tuberculous hip, and cerebro-spinal fluid of a tuberculous meningitis respectively, and also the method of treating in the first place with antiformin, which destroys all other organisms in sputum, etc., with the exception of tubercle bacilli. A full description of these is given in the catalogue.

Instructive also were the guinea-pigs, beautifully preserved, which showed the lesions of pseudo-tuberculosis. The large number of varieties of the tuberculins used in diagnosis and treatment were collected together with details of their mode of preparations.

Dr. Russ demonstrated in this Section his ingenious electrical apparatus for producing a transport of micro-organisms in a fluid to one or other electrode. To see *B. coli* in a saline solution all proceeding to and collecting at the anode and tubercle bacilli collecting in a dense cloud at the cathode in a mixture of ethylamine and lactic acid, and by a special contrivance being collected in a "bacterial trap," was to recognize that Dr. Russ had made a momentous step in diagnostic technique. We know from personal experience that this method, as yet only in its infancy, is far superior to the more usual laboratory methods, and we are anticipating its common application in diagnosing tuberculous effusions and milks. From Manchester Drs. Niven and Sheridan Delépine sent an exhibit of the methods used to combat tuberculosis in that large centre.

III.—Protozoology. (*Honorary Curator*, Miss Muriel Robertson.)

This exhibit was arranged to illustrate cycles of different groups of parasitic protozoa, showing the general types of protozoa rather than their relation to individual diseases.

Type specimens illustrating the life-cycle of *Coccidians*, the trophic phases, the development of gametes, and conjugation were all represented.

Specimens by Miss Robertson illustrated the life-cycle of trypanosoma of skate, the resting and developmental stages in the intermediate host (the leech), and the final slender inoculative type which is reinjected from the proboscis of the leech into the skate.

Haemogregarinae, represented by the *H. balfouri* from Khartoum and by the *H. nicoriae* from the lake tortoise of Ceylon, the whole life-cycle of this last parasite being shown—that is, the two types of schizogony in the vertebrate, the sporogony in the intermediate host.

Two slides lent by Dr. Woodcock illustrated formation of microgametes (flagellation) in halteridium of the chaffinch (bird malaria).

Representative parasites of the Haplosporidia were shown—for example, *Rhinosporidium kinealyi*, which causes nasal polypi in India, and *Ichthyosporidium* of British food fishes.

Professor Minchin's specimen of encystation of *Trypanosoma grayi* is the only known instance of an encysting trypanosome.

Two specimens from Captain McCarrison, I.M.S. of *Amoeba coli* exhibited respectively the trophic phase and the enucleated cyst.

Most of the specimens were lent by the Protozoological Department of the University of London, and at all times Miss Robertson was at hand to willingly demonstrate them.

IV.—Tropical Medicine. (*Honorary Curator*, Dr. Hutton.

The work of the London School of Tropical Medicine was well demonstrated, and to detail the specimens would be to cover much of the field of tropical work. They illustrated malaria in all its different phases, kala-azar, pellagra, yaws, yellow fever, etc., the arthropoda concerned in the transmission of disease, and a large collection of helminths, as well as numerous pictures and illustrations of tropical diseases.

The latest theory as to the etiology of beri-beri was illustrated by specimens of cured and uncured rice.

The effect of nastin in leprosy was shown by microscopical specimens of cases so treated. Also there were some fine specimens showing the development of the filaria larvae in the mosquito, and a series of slides by Dr. R. Row to show the development of *Leishmania tropica* in human blood serum.

V.—Cancer Research. (*Honorary Curator*, Dr. J. H. Murray.)

The work of the various cancer research bodies in London was fully illustrated in this most fascinating Section.

That of the Imperial Cancer Research consisted of (1) wall charts illustrating statistical investigations, the phenomena of immunity induced against propagable tumours, and the development of sarcoma during the propagation of two transplantable mammary *carcinoma* of the mouse. (2) Lantern slides illustrating ethnological and zoological distribution of cancer, the reproduction of the lesions of spontaneous cancer by transplanted tumours, the phenomena of growth, and the histological features of propagation in *normal* and in *immune* animals. (3) Bottle specimens illustrating malignant new growths in the cow spontaneous and transplanted tumours in mice and rats, and (4) microscopical specimens of malignant new growths in mice.

We must confess to being somewhat mystified, after a study of the immunity problems with the complex hypersensitiveness on the one hand and immunity on the other, but there was yet the impression that these experiments were throwing some light on the question, and we were nevertheless fascinated by the specimens of cancer from other races and from other vertebrata, especially the large series from the cow.

Both the Cancer Research Department (Drs. Paine and Nicholson) and the Pathological Department (Dr. Kettle) at Brompton sent specimens of their work.

Middlesex Hospital Cancer Research Department contributed a collection of photographic plates, showing "skotographic" phenomena, and a beautiful series of slides by Dr. Beckton showing the absence of Altmann's granules from sarcoma and malignant growths generally, and their presence in inflammatory tissue, non-malignant growths, and normal tissues—a phenomenon which it is

hoped will be of assistance in the troublesome diagnoses that have to be made between these lesions.

VI.—SECTION OF PHYSIOLOGICAL AND PATHOLOGICAL CHEMISTRY. (*Honorary Curator*, Dr. Ryffel.)

The exhibit was designed to illustrate practicable methods of identifying and estimating some substances of physiological and pathological importance. Tests for blood, urobilin, and acetone were shown, and methods of estimating oxygen in blood, carboxyhaemoglobin, fat in tissues, and acidity, ammonia, creatinin, cystine, and lactic acid in urine. The spectroscopic test for blood by producing acid haematin in solution and the crystals of cystine product from urine by Gaskell's method were specially interesting. It is to be hoped that this Section, which we see now for the first time in the museum, will be repeated in future years, for it is full of interest to the clinical pathologist and the physician and even to the medico-jurist.

VII.—ALIMENTARY SYSTEM. (*Honorary Curator*, Dr. Hertz.)

The various London Hospitals contributed largely to this Section, and some rare specimens were full of interest; many examples of pharyngeal and oesophageal pouches, others showing idiopathic dilatation of the oesophagus to a marked degree and some beautiful specimens of congenital hypertrophic stenosis of the pylorus, and of Hirschprung's disease showing extreme hypertrophy and dilatation of the colon.

Another interesting condition of the colon was that of multiple diverticula together with some of the pathological circumstances arising therefrom, for example, abscess formation, vesico-sigmoid fistula, perforation of a saccule, etc.

A specimen of hyperplastic colitis of doubtful origin showed an enormous enlargement of the colon (Mr. Lockhart Mummery).

There was a noteworthy collection of sarcomata from all parts of the alimentary tract, including several from the oesophagus and some from the stomach, tumours infrequently met with.

Dr. Charles Bolton contributed a series of stomachs from animals illustrating his fascinating work on gastric ulcer experimentally produced by the injection of gastrotoxic serum.

Two interesting specimens from Westminster Hospital showed typical multilobular cirrhosis of the liver in a woman aged 28, and a man aged 39, both of whom had been confirmed teetotalers.

Fifty-five foreign bodies from an Arab seaman's intestines and other specimens came from Greenwich Hospital.

Mr. Lockhart Mummery also showed pictures of sigmoidoscopic appearances.

VIII.—GENITO-URINARY SYSTEM. (*Honorary Curator*, Dr. Swift Joly.)

This contained some instructive examples of pathological changes, and, as might be expected, St. Peter's Hospital had contributed largely to this Section. A series of kidneys mounted in natural colours included the various types of primary growth—namely, carcinoma, sarcoma, and the interesting hypernephroma, one of these latter springing from the lower pole of the kidney. All had been removed by operation. A specimen of an encapsuled tumour in the kidney was of interest, from the fact that it had been diagnosed by cystoscopy, which revealed profuse unilateral haemorrhage. One must mention a papilloma of the renal pelvis, which produced unilateral haematuria (Royal College of Surgeons), and a ruptured kidney, which had been removed four weeks after injury (Swinford Edwards), which showed some healing; also a fine series of kidneys with calculi *in situ*, some reaching an enormous size, and here the clinical data in the catalogue were of especial value; and many specimens of advanced tuberculosis.

Amongst many examples of vesical lesions were an enormous papilloma removed by operation (Swift Joly), and a large congenital and hypertrophied sacculus removed by the same exhibitor from a man aged 52. A specimen removed from a patient who died thirty-five days after suprapubic prostatectomy showed the remarkable healing capacity of the bladder, and another in sagittal section the results of this same operation and the relation of parts after it, both of practical interest. Two of Mr. Freyer's series of prostates weighed respectively 17 and 14½ oz.

Some fine specimens of prostatic calculi were to be seen in dissections, but these were more practically demonstrated in a comprehensive collection of skiagrams, which further included prostatic phleboliths, caseous tuberculosis, malignant suprarenal, and a case of hydronephrosis, all from St. Peter's Hospital.

To complete this Section a variety of cystoscopes and urethroscopes were on view.

IX.—GYNAECOLOGY. (*Honorary Curator*, Miss Helen Chambers.)

This Section included a series of specimens by Mr. Alban Doran, showing fibroids of uterus complicated by pregnancy, a striking series of cases of primary tuberculosis of the uterus, ovaries, and Fallopian tubes, and also of malignant disease. A specimen from Wertheimer's operation for cancer of the cervix with hydrosalpinx came from a patient who was well three years afterwards (University College Hospital). There was another specimen of carcinoma of the cervix which was also complicated by pregnancy; the child was saved by Caesarean section and hysterectomy performed (New Hospital for Women). There were also several specimens of that rare disease primary carcinoma of the Fallopian tubes, with which must be included a series of microscopic preparations showing the spread of cancer by the Fallopian tubes (Bryden Glendining).

Much interest was attached to the examples of red degeneration of fibroids, lent by Professor Kynoch (Dundee). The New Hospital for Women and the Royal Free Hospital sent many well-preserved preparations of ovarian tumours, and Dr. Herbert Spencer a beautiful series of black and white drawings of gynaecological subjects.

We must not ignore mention of a valuable collection of histological preparations of cancer by Dr. Archibald Leitch, the many specimens of adenomyoma of the uterus and those of chorion-epithelioma, and one case of secondary chloroma of the ovary, and another of actinomycosis.

X.—RESPIRATORY SYSTEM. (*Honorary Curator*, Dr. Lakin.)

In this Section an attempt was made to illustrate four different subjects:

1. The rarer infections to which the lungs are liable.
2. Conditions producing bronchiolectasis (honeycomb lung).
3. The appearances obtained by radiographic examination of the chest in tuberculosis and other morbid conditions.
4. The use of the portable orthodiagraph in the bedside investigation of disease.

Among the rarer infections of the respiratory tract were nine specimens of glanders, five of actinomycosis, and several specimens illustrating the effects of syphilis on the lung. Among the latter was one of white pneumonia from an infant the subject of congenital syphilis, who only survived birth a quarter of an hour. The rarity of gummata of the lung may be judged by the fact that Dr. Lakin met with considerably less than a dozen specimens in the museums of the London hospitals.

Two of the most striking specimens came from St. Bartholomew's. One was a heart showing a large hydatid cyst projecting into and almost filling the lower part of the right ventricle; a small aperture at the apex of the cyst could be observed through which the daughter cysts had been evacuated. The accompanying specimen was that of the lung from the same case, showing the daughter cysts, in the form of emboli, uniformly distributed throughout the pulmonary substance.

Dr. G. Harrison Orton exhibited a very fine series of radiograms of chest cases; and Dr. W. Pasteur kindly lent diagrams, obtained by the use of the portable orthodiagraph, illustrating impaired movements of the diaphragm. Of further interest in this connexion was

a specimen lent by the Middlesex Hospital illustrating collapse of the lower lobe of the lung from impaired diaphragmatic movement in a case of lobar pneumonia in which the upper lobe was consolidated.

XI.—Cardio vascular System. (*Honorary Curator*, Dr. T. Lewis.)

This Section constituted a complete demonstration of all aspects of modern cardio-vascular doctrines, and formed a tribute to the workers of the British school.

The anatomy of the auriculo-ventricular bundle was to be seen in man and animals, and microscopical sections of the bundle had been prepared from different cases of Stokes-Adams disease, the specimens of Dr. Cohn (New York) being specially beautiful. The dissections of the hearts of various animals satisfied many of the existence of the muscle bundle, of which previously they had only heard in connexion with discussions on peculiarities of the cardiac rhythm. But of the immense work of Dr. Thomas Lewis on the clinical pathology it is impossible to give any idea in a mere notice. The large number of tracings obtained by Mackenzie's polygraphic method and by the electro-cardiographic method only show us that this line of medical research has passed far beyond the ken of all but the highly specialized worker. We can only stand by and congratulate Dr. Mackenzie and his school on the work they are doing in this fascinating field of physiological research.

We must here mention the wonderful specimens of Professor Spalteholz (Leipzig), which show the distribution of the coronary arteries injected whilst the myocardium has been rendered almost transparent. They were the most beautiful specimens in the museum.

A specimen of calcareous aorta had been produced in a rabbit by intravenous injections of adrenalin (Charles Bolton).

XII.—Neurology. (*Honorary Curator*, Dr. Wilson.)

The most interesting part of this Section was the exhibit of Dr. R. H. Clarke of his methods and instruments for investigations of the central nervous system.

This exhibit consists of various instruments designed in accordance with a method of intracranial topography, also devised by the exhibitor, for directing fine insulated needles of iridioplatinum and glass to any desired point in the brain or spinal cord of animals; for the production of precisely localized lesions by electrolysis, with trifling injury to neighbouring parts, and the application of faradic currents by the same means; for studying the effects of stimulating definite points in deep structures.

Also a complete series of sagittal sections, one millimetre thick, of the cranium of the cat, and photographs of them prepared by R. H. Clarke and E. E. Henderson. These sections, or the photographs, are employed as charts to adjust the instrument which directs the needle, and are an essential part of the method.

A good series of acute poliomyelitis and other inflammatory affections of the cord was shown by Dr. Batten, some examples of cervical ribs which caused pressure symptoms, and Dr. Buzzard's series of specimens from myasthenia gravis.

XIII.—General Surgical Pathology. (*Honorary Curator*, Mr. Braxton Hicks.)

In this Section was a comprehensive collection of the various enlargements of the spleen, for the most part from the Westminster Hospital Museum; one of special interest had been excised from a child with splenic anaemia, who is still well two years after the operation (Mr. Walter Spencer). Microsections of these specimens were accompanied by some effective coloured drawings by Miss Hicks. Some varied affections of the tongue were shown, and a large series of water-colour drawings and microscopical prints illustrating Mr. Butlin's lecture on cancer of the tongue and some conditions that may be mistaken for cancer. The clinical data for most of these cases are to be found in the catalogue.

A good collection of muscular swellings included a rare example of haemangeioma of the gracilis and a gumma of the gastrocnemius, and a specimen of calcification of muscle (St. Bartholomew's).

From the Westminster Museum came some interesting specimens of lungs showing the effects of artificial respiration on the stillborn, illustrating Dr. Hicks's paper on the subject and the fact that the signs of live birth can be simulated.

Some interesting examples of cutaneous eruptions showed chronic ulcerations becoming malignant, chronic dermatitis due to x rays, rodent ulcer becoming epitheliomatous, Paget's disease, and glanders and anthrax.

Mr. Hopewell Smith's preparations illustrating some diseases of the jaws and teeth was specially instructive.

XIIIA.—Dermatology. (*Honorary Curator*, Dr. Hicks.)

We have in previous years commented on the beautiful wax casts by Dr. MacKenna, and we were pleased to see again these examples of British work.

The section also included numerous pictures of skin lesions lent by the President (Dr. Abraham) and Sir Jonathan Hutchinson; but of special note were the series of photographs and water-colours to illustrate the dermatitis caused by daffodils and by handling large masses of the flowers in the Scilly Isles, together with histological specimens of lesions produced (Dr. David Walsh).

Dr. Graham Renshaw exhibited a series of pictures of animals, and in an adjoining room Sir Jonathan Hutchinson had a special demonstration illustrating his work on palaeogenesis.

In this same department was a most remarkable series of x-ray photographs of anatomical and surgical subjects by Dr. Fred Bird (Melbourne), showing the blood supply and distribution in various viscera after injection. Also a series of histological preparations by Dr. Wickham (Paris) on the effects of radium in cancer and rodent ulcers.

XIV.—Ophthalmology. (*Honorary Curator*, Mr. Mayou.)

The Ophthalmic Section showed some of the more recent advances in ophthalmology.

Dr. Morax (Paris) exhibited coloured transparencies of the external diseases of the eye, photographed directly from the patient by the Lumière autochrome process.

Dr. Magliott (Paris): Coloured photomicrographs by the same process, showing the formation of the rods and cones and ganglion cells.

Mr. Nettleship exhibited a pedigree of patients with glaucoma in several generations.

Mr. Mayou exhibited a case of specimens from the Central London Ophthalmic Hospital, showing a new method of mounting wet specimens in formol.

The specimens illustrated the various new growths within the eye, amongst which were three sarcomata, starting in shrinking globes, which had been previously the subject of iridocyclitis; one sarcoma of the choroid, together with several atypical growths, showing unequal distribution of pigment and degeneration forms.

Mr. N. B. Harman: A series of drawings and pedigrees of lamellar cataract.

Various new instruments and diagrams of operations, etc., were also shown.

Dr. Edridge-Green demonstrated and gave a detailed description of apparatus used in testing for colour blindness.

XV.—Laryngology. (*Honorary Curator*, Dr. Harmer.)

This Section was subdivided into Rhinology, Diseases of Pharynx and Larynx.

The President (Mr. Tilley) contributed largely to this Section. A series of 60 skiagrams and x-ray plates of rhinological conditions demonstrated the nasal sinuses to perfection (Logan Turner and W. G. Porter); other x-ray plates were shown by Mr. Tilley.

In the section dealing with the pharynx a series of specimens of mammalian and human tonsils called for attention (G. Seccombe Hett).

Dr. Logan Turner showed two series of special interest and also of medico-legal import—namely, a series of cases illustrating sudden death from asphyxia due to laryngeal conditions, the cases of acute oedema with no previous symptoms being most interesting; and a series of larynges which had been artificially injected in order to demonstrate how oedema may spread through the loose tissues, and so readily close the upper laryngeal passage; these throw much light on the question of "oedema glottidis."

Of interest were the specimens of foreign bodies, coins, pins, etc., which had been removed by bronchoscopy (Tilley and H. J. Davis), the larynges which had been removed in their entirety because of malignant disease (Jobson Horne), the patients recovering and living for some months. Amongst the malignant diseases must be mentioned a specimen of fibro-sarcoma of the nose, the tumour and histological specimens being shown (Douglas Harmer).

The specimens of syphilis and tuberculosis of the larynx (Dr. Biggs) were good. Amongst some very fine histological slides of normal and pathological tonsils was a fine example of tuberculosis with bacilli *in situ* (H. G. Butterfield).

Other specimens were a specimen of carcinoma-sarcomatodes of the larynx (Douglas Harmer) and a series of pictures by Watson Williams, with stereoscopic demonstration.

XVI.—Otology. (*Honorary Curator*, Mr. Sydney Scott, London.)

Here was exhibited the Toynbee Collection, lent by the Royal College of Surgeons, and including some 900 specimens of bones and dissections illustrative of diseases of the ear in practically every aspect. From the same museum have come also the beautiful series of dissections of normal membranous labyrinths of different species of animals prepared by Dr. Albert Gray (Glasgow).

The normal anatomy of the organs of hearing was well illustrated in a series of dissections and dried specimens by several exhibitors. Professor Politzer demonstrated the topography of the middle ear and labyrinth, and Dr. H. J. Davis (West London Hospital) a series of dissections of the temporal bone and also a series demonstrating the complete operation for opening the antrum, middle, and internal ear.

A reconstruction model, of large size, of the auditory apparatus of a 16 mm. human embryo, prepared by the wax-plate method of Born, was of special interest (G. J. Jenkins, King's).

The various London hospitals largely contributed specimens illustrating the human and comparative normal and morbid anatomical changes associated with intracranial infections of the ear.

The beautiful black and white drawings of labyrinthine infections shown by Politzer formed a striking part of the illustrations in this Section, amongst which must also be mentioned the photomicrographs of the labyrinth by Fraser (Edinburgh), the lantern slides of microsections of the labyrinth by Sydney Scott (London), and some photographs of a case of optic neuritis and ophthalmoplegia following sphenoidal sinus disease and recovering after operation (H. J. Davis).

Much interest was aroused by the cinematographic demonstration of labyrinthine nystagmus evoked by rotating about a vertical axis with head erect (Sydney Scott), and also by cinematograph photographs of lip-reading exercises for the instruction of the deaf (Kinora, Limited).

XVII.—Radiological Section. (*Honorary Curator*, Dr. Ironside Bruce)

In this Section were exhibited over 400 radiograms illustrating cases of both medical and surgical interest. An entirely new departure had been instituted by the curator in making use of "reduced positives" only, thus enabling so large a number of radiograms to be exhibited and greatly facilitating their individual inspection. The "reduced positives" used were of the usual "lantern slide" size, and were placed in sloping frames, well lighted by shaded electric lights.

The exhibit was classified under the headings of the different diseases illustrated by the radiograms. No attempt at such classification has been made before in an exhibit of this kind, which was due to the efforts of Mr. H. W. Armit, and the result amply justified this course being adopted.

Great advances have occurred in the *x*-ray investigation of disease, which made itself evident in every branch of medicine and surgery. Taking individual examples, in the subdivision Calculi, the radiograms were outstanding and received special praise. Even the most sceptical could not fail to be convinced of the accuracy and reliability of *x*-ray examination in this department. The extraordinary complexity of injuries to bones and joints in the subdivisions of dislocations and fractures of bones was amply illustrated by a large number of radiograms. Amongst others we noticed specimens showing a fracture of the os calcis of each foot, lent by Dr. J. Taylor; a fracture of the sesamoid bone of the great toe, lent by Dr. Worrall; and a vertical cleavage of the astragalus, lent by Dr. Ironside Bruce. In the subdivision Diseases of Bone, the last-named showed striking examples of tuberculous caries of the dorsal spine with abscess, and tuberculous necrosis of the neck of the femur with a sequestrum associated with disease of the hip-joint. Examples of sarcoma of fibula and other bones were shown by Dr. Harrison Orton and others, and radiograms and photographs of a case of enchondroma of the right hand, before and after operation, lent by Dr. Somerville, were most interesting.

Amongst those illustrating medical diseases mention must be made of Dr. Thurstan Holland's collection of radiograms showing examples of diseases of the oesophagus and stomach, by means of bismuth food, also what we think must surely be a unique specimen of suppurative pericarditis, lent by Dr. Ironside Bruce, who also showed an example of pneumothorax in this Section. There were radiograms showing thoracic aneurysms, tubercle of lung, rheumatoid arthritis, etc.

There were also a collection of radiograms of dry specimens illustrating diseases of bone, shown by Dr. C. J. Morton, and a series of stereoscopic radiograms and a stereoscope lent by the President of the Radiological Section.

XVIII.—Section of Anaesthetics. (*Honorary Curator*, Miss Ada Browne.)

This Section of the Museum was arranged with the object of illustrating some of the older methods of producing anaesthesia and the gradual growth and development of ideas till the present time, and in the modern portion the Committee endeavoured to show examples of the most approved and reliable apparatus now at the disposal of the anaesthetist for administering all the modern anaesthetics and mixtures and for producing spinal analgesia.

The Museum was divided into Historical and Modern Sections.

The former included a series of interesting and original documents bearing on the discovery of anaesthesia and kindly lent by Mrs. Long Taylor, daughter of the late Dr. Crawford Long, of Jefferson, Georgia, U.S.A.

Amongst the collection of old books kindly lent by Dr. Silk was an extremely interesting original pamphlet by Simpson on the discovery of chloroform and written in 1847.

There was also many examples of the older forms of inhaler, kindly lent by the Anaesthetic Section of the Royal Society of Medicine, and by various instrument makers. These included Clover's original experimental apparatus, being an early attempt to administer chloroform in a definite dilution, and made by Messrs. Mayer and Meltzer for Clover's investigations.

In the section devoted to modern apparatus perhaps the most noticeable were the varied patterns of inhaler and mask which have recently been evolved for the administration of ether by an open or semi-open method.

Illustrating the method of chloroform administration by the percentage system several appliances were shown, notably the "Dubois," by Mr. P. Chapman, and the "Vernon Harcourt," which the inventor kindly demonstrated the use of, with untiring zeal, showing his latest improvements, which admit of oxygen being added, when required, by driving it through the chloroform bottle by

means of a foot bellows, thus converting the apparatus into one on the plenum principle.

Amongst the nitrous and oxygen appliances was an elaborate arrangement known as the "Teter Outfit," and kindly obtained and lent by Messrs. Claudius Ash and Co. This apparatus provides for the addition of chloroform to the gas and oxygen, which mixture can be administered either through the mouth or the nose, and is used in America to produce analgesic conditions for long periods, with the patient in the upright position, for the filling of teeth and other slightly painful manipulations. There might also be mentioned Dr. Hewitt's nitrous oxide and oxygen apparatus, with separate bags and additional oxygen supply tap for long administrations, and an arrangement for fixing the apparatus on to the side of the bed or table, so as to allow the bags to hang free, thus providing a more reliable proportion of the gases. Several ingenious devices were to be seen for giving nitrous oxide through the nose, as also many varieties of gags, tongue forceps, etc. Mention should also be made of a very interesting series of drawings kindly lent by Dr. Härtel of Berlin and obtained by Mr. H. W. Armit, illustrating Bier's methods of lumbar and venous anaesthesia.

COLLECTION OF PICTURES, RARE OLD BOOKS, AND OBJECTS OF MEDICAL INTEREST. (*Honorary Curator*, Dr. A. J. Rice-Oxley.)

Literature, history, and art can always be associated with science for the purpose of interesting and instructing, and, with this novel purpose in view, at least as regards this Association, Dr. Rice-Oxley was able to get together, at somewhat short notice, a varied and interesting collection of paintings, prints, old books, and general objects of medical interest, which proved a very attractive feature of the Medical Museum.

It is greatly to be hoped that this idea may be enlarged upon in the future, and that medical collectors will take advantage of such excellent opportunity of exhibiting their collections, and thereby profiting and inspiring others in the still largely unexplored field of this kind of medical investigation.

Among the contributors was Mr. Henry S. Wellcome, who lent many rare early English books on medicine, and a number of valuable mezzotint portraits of famous old surgeons and physicians. Books illustrating the history of pharmacy in Europe were lent by Dr. Jobson Horne, as also a series of clever anatomical drawings by Mr. Charles Landseer, old microscopes, lancet cases, and spectacles. Other very valuable and rare books, prints, etc., were contributed by the Medical Graduates' College and Polyclinic (by the kind permission of the President, Sir Jonathan Hutchinson); the Royal College of Surgeons of England, who lent two most interesting and unique scrapbooks; Sir Victor Horsley, Sir Lauder Brunton, Drs. J. F. Payne, Selfe Bennett, Clippingdale, Phineas Abraham, Leonard Mark, who lent his capital series of photographs and drawings of pictures and works of art in British Galleries and Museums interesting from a medical point of view. Professor Keith most kindly sent some of his very rare curiosities from the Royal College of Surgeons.

The lighter side of the exhibition consisted of a set of cartoons of medical men (lent by *Vanity Fair*); original drawings by Gillray (lent by Dr. Renner), by Rowlandson (the famous "Hunter's Dissecting Room" being amongst these), by John Leech, including the well-known "Hunting Doctor" (lent by Horatio Symonds, Esq.), and other original drawings from *Punch* by Gunning King, Shepperson, and Townesend (lent by these artists). Special mention may be made of the oil paintings kindly lent by the Hon. John Collier and Mr. G. Lambert, both of which were much noticed and appreciated.

Account of the Museum would not be complete without mention of the fact that Messrs. E. Leitz placed at the disposal of the Committee 300 microscopes of modern pattern, free of charge, a leading member of the firm attending with his staff and devoting their whole time to the work during the meeting. This same firm also exhibited their dark-ground illuminator, whose praises we have already sung, and a new universal projection apparatus for projecting lantern slides or microscopical slides or illustrations, or, in fact, anything that it is desired to show to a large audience, even diseases of the skin.

Meetings of Branches & Divisions.

[*The proceedings of the Divisions and Branches of the Association relating to Scientific and Clinical Medicine, when reported by the Honorary Secretaries, are published in the body of the* JOURNAL.]

CAMBRIDGE AND HUNTINGDON BRANCH.

THE annual meeting of the Branch was held on Tuesday, July 19th, 1910, the PRESIDENT (Professor G. Sims Woodhead, M.D., F.R.S.E.), in the chair.

BUSINESS MEETING.

The general business meeting was held at Trinity Hall, Cambridge, at 12.30 p.m. There were eighteen members present.

Confirmation of Minutes.—The minutes of the last annual meeting were read and confirmed.

Balance Sheet.—The balance sheet for 1909 was presented and adopted.

Election of Officers for the Year 1910-11.—Regret was expressed at the inability of the President-elect, Dr. Odell (Hertford) to proceed to the Presidency. Professor Woodhead having expressed his willingness to continue in office for another year, resumed the chair. A vote of thanks to Professor Woodhead for consenting to continue in office for another year was carried with acclamation. Dr. E. J. Cross (St. Neots) was unanimously elected President-elect. Dr. H. B. Roderick was re-elected Honorary Secretary and Treasurer. Dr. J. C. W. Graham was elected Representative for Representative Meetings. The following were elected members of the Branch Council: Dr. Joseph Griffiths, M.C., F.R.C.S., Mr. F. E. Apthorpe Webb, Dr. J. Aldren Wright, Dr. J. R. Garrood.

New Members.—Frank-Robinson, M.D., D.P.H. (Sidney Street, Cambridge), proposed by Dr. Dalton and seconded by Dr. Laird, and Miss Ella Beales, M.B., B.S. Lond. (Ickleton, Essex), proposed by Dr. Robinson and seconded by Dr. Dalton, were elected members of the Branch.

Ambulance Lectures.—A resolution was passed to the effect that members of the Branch are only prepared to deliver courses of lectures to the Voluntary Aid Detachments under the conditions now existing in connexion with similar courses given under the auspices of the St. John Ambulance Association, namely, at a fee of 1 guinea per lecture, or 5 guineas for the authorized course.

Coroners Act.—Dr. BALDING brought to the notice of members the fact that by this Act medical men will have to hold some legal qualification, that is, as barrister or solicitor, but that members of the legal profession will not be required to hold any medical qualification. A small committee, consisting of the President, Dr. Balding, Dr. Griffiths, Dr. Apthorpe Webb, and the Honorary Secretary, was formed to look into the matter, and to draft a letter to the Council, and also to members of the Branch to send to their parliamentary representatives. This concluded the business meeting.

GENERAL MEETING.

After the business meeting, at the kind invitation of the President, fifty members sat down to lunch in the College Hall. After luncheon the King's health was drunk. Professor ADAMI (Montreal) proposed the health of the President, who replied to the toast.

Presidential Address.—The presidential address on the ozonizing method of sterilizing Cambridge water, was delivered at the medical schools, and was followed by a discussion on the subject.

Discussion. — An open discussion followed on the supply of midwives in country districts, opened by Dr. J. H. C. DALTON, in which several members took part.

President's "At Home." — After the meeting the President and Mrs. Sims Woodhead were "at home" in the Fellows' Gardens, Trinity Hall, to members and their wives and lady friends.

METROPOLITAN COUNTIES BRANCH:
ST. PANCRAS AND ISLINGTON DIVISION.

A SPECIAL meeting of this Division was held on Tuesday, July 19th, at the Midland Grand Hotel, N.W.

Public Medical Service.—The object of the meeting was to pass resolutions to establish a public medical service in St. Pancras and Islington. All members of the profession resident in the two boroughs were invited to attend. The number attending the meeting was thirty-three. The speakers were Dr. Lauriston E. Shaw, Sir Victor Horsley, F.R.S., Mr. J. Smith Whitaker, Dr. J. F. J. Sykes, Dr. A. E. Harris, Dr R. M. Beaton, J.P., Dr Buckell, Dr. W. Griffith, and Dr. A. R. Roche. Dr. G. F. GLINN, Chairman of the Division, presided, and after introductory remarks, called upon Dr. LAURISTON SHAW to move the first resolution:

> That in accordance with the policy and practice of the British Medical Association and the expression of opinion in this Division, public medical services be formed in St. Pancras and Islington.

Dr. Lauriston Shaw clearly pointed out the advantages of a public medical service not only to the profession but to the class of patient for which it was formed, and insisted on the comparative failure and injustice of the many lay schemes for treatment of the moderately poor. He further showed how medical committees alone could make terms equitable to the doctor and patient, and concluded by pointing out that patience and hard work lay before the Division in establishing the scheme on a successful basis. Sir VICTOR HORSLEY seconded the resolution. He said he believed there was a good chance of success. He emphasized the strength of the movement in that cohesion was given it by emanating from and developing under the British Medical Association, and he clearly disposed of some arguments which have been used to show the scheme to be impracticable in London. Lastly, he gave some practical hints as to how the Division should set to work. Mr. SMITH WHITAKER, in supporting the resolution, pointed out that a public medical service alone would rid the profession of the underselling which was taking place. He did not blame the public for so often miserably underpaying the doctor, but rather the profession itself, and he was certain that a public medical service was the only means of securing adequate pay for the doctor and adequate treatment for the patient. The resolution being then put to the meeting was carried unanimously.

Proposed Appointment of Secretaries.—Dr. J. F. J. SYKES then moved that a secretary be appointed for St. Pancras and a secretary for Islington. He promised all the help that lay in his power. Dr. A. E. HARRIS seconded the resolution, and also promised his assistance at any time it was sought. The resolution was then carried unanimously.

The committees were then formed, and secured the able and experienced services of Dr. Beaton, J.P., for Secretary.

Treatment of School Children in Hampstead.—Dr. A. R. ROCHE, whose energy and ability in Hampstead have so largely secured for it a public medical service, said he at the present time had the satisfaction of seeing treated in Hampstead a number of school children who but for the service must have been going to the hospitals.

Vote of Thanks.—A vote of thanks to the Chairman and speakers concluded the proceedings.

NORTHERN COUNTIES OF SCOTLAND BRANCH.

THE annual meeting of the Branch was held at Nairn on Saturday, July 16th. The PRESIDENT (Dr. Brodie Cruickshank), was in the chair. The following members were present: Dr. Mackie, Dr. Alexander, Dr. Taylor, and Dr. Stephen (Elgin); Dr. Sutter and Dr. Wilson (Nairn); Dr. John Mackenzie, Dr. Luke, Dr. Asher Forsyth, Dr. John MacDonald, Dr. H. S. MacDonald, Dr. Murray, Dr. Munro Moir (Inverness); Dr. Lindsay (Ardersier); Dr. Pender Smith (Dingwall); Dr. Miller (Aviemore); Dr. Duguid (Buckie). The following were also present: Sir James Grant, K.C.B. (Toronto); Colonel Macrae, C.I.E., I.M.S.; Captain Cruickshank, I.M.S., Dr. MacPhail (Derby); Dr. William Forsyth (Calcutta).

Confirmation of Minutes.—The minutes of the previous meeting were read and approved.

Apologies for Non-attendance.—Apologies were intimated from Dr. Adam (Dingwall), Dr. Cameron (Nairn), Dr. Miller (Fort William), Dr. Simpson (Golspie), Dr. Kaye (Strathpeffer), etc.

Autumn Meeting.—It was arranged to hold the autumn meeting at Inverness and the next annual meeting at Grantown-on-Spey.

Election of Officers.—The following members were elected office-bearers for the ensuing year: *President*, Dr. Brodie Cruickshank (Nairn); *President-elect*, Dr. Asher Forsyth (Inverness); *Vice-Presidents*, Dr. de Watteville (Kingussie) and Dr. Pender Smith (Dingwall); *Members of Council*, Dr. Kaye (Strathpeffer), Dr. John MacDonald (Inverness), Dr. Sutter (Nairn), Dr. Mackie (Elgin), Dr. Hutchison (Grantown), Dr. Miller (Aviemore); *Representative in Representative Meetings*, Dr. Brodie Cruickshank (Nairn); *Representative on Central Council*, Dr. J. Munro Moir (Inverness); *Honorary Secretary and Treasurer*, Dr. John Munro Moir (Inverness).

Medical Inspection of School Children for the Islands of Inverness-shire.—The HONORARY SECRETARY reported the action which the Branch Council had taken in connexion with this appointment, and the meeting confirmed the same. It was resolved that as the Education Committee of the County Council had virtually made this a part-time appointment, no further action should be taken in the matter.

Medical Treatment of School Children Found on Inspection to be Defective.—It was resolved that as the educational authorities of Scotland had not, as was the case in England, any means for providing payment for the treatment of children found on inspection to be defective, to delay consideration of the memorandum on that subject which had just been issued from the central office of the Association.

ST. JOHN, NEW BRUNSWICK, BRANCH.

Election of Officers.—At the postponed annual meeting of this Branch, held on July 7th, the following officers were elected for the ensuing year: *President*, Dr. G. A. B. **Addy**; *President-elect*, Dr. J. Boyle **Travers**; *Vice-President*, Dr. T. D. Walker; *Treasurer*, Dr. Wm. Warwick; *Honorary Secretary*, Dr. Stewart Skinner; *Financial Secretary*, Dr. W. A. **Christie**; *Representative in Representative Meeting*, Dr. P. R. **Inches**; *Substitute*, Dr. W. W. White; *Members of Branch Council*, Dr. Thos. Walker, Dr. W. W. White, Dr. T. F. Sprague, Dr. F. J. White, Dr. J. R. McIntosh, Dr. Henry Lunam, Dr. F. H. Wetmore.

SOUTHERN BRANCH.

THE annual general meeting of the Southern Branch was held on Thursday, July 14th, at the Infirmary, Salisbury. Dr. W. P. PURVIS (Southampton), the President, was in the chair, and about forty-five other members were present.

Election of Officers.—The PRESIDENT announced the result of the election of officers for the ensuing year. *President*, Mr. L. S. Luckham (Salisbury); *President-elect*, Mr. C. P. Childe, F.R.C.S. (Southsea); *Vice-Presidents*, Dr. Harman (Winchester), Dr. John Phillips (Southsea); *Representatives on Council of Association*, Mr. Straton (Wilton), Dr. J. Ward Cousins (Southsea); *Council*, L. K. H. Hackman (Portsmouth), W. Carling, M.B. (Southsea), L. Maybury, M.D. (Southsea), S. Hughes, M.B. (Southampton), E. S. Hall, M.B. (Bitterne), N. E. Aldridge, M.B. (Southampton), Colonel Robinson (Guernsey), E. D. Ritchie, M.D. (Chandlersford), R. A. Lyster, M.D., D.P.H. (Winchester), L. S. Luckham (Salisbury), J. O. March (Amesbury), G. Raymond (Newport), J. A. Hammond, M.B. (Shanklin), P. B. Bentlif (Jersey); *Honorary Secretaries of Divisions:* Portsmouth—B. H. Mumby, M.D., C. P. Childe, F.R.C.S.; Winchester—H. J. Godwin, F.R.C.S., M.B.;

Southampton—G. H. Cowen, F.R.C.S., M.B.; Isle of Wight—G. B. Wood, M.B.; Salisbury—J. E. Gordon; Guernsey and Alderney—J. F. Carruthers, M.D.; Jersey—E. O. Voisin. The contest for the office of Secretary and Treasurer resulted in the return of Mr. James Green (Portsmouth), for whom 111 votes were recorded, Dr. Lyster (Winchester) receiving 43, and Dr. Monnington (Salisbury) 37 votes.

Installation of New President.—Dr. Purvis then vacated the chair, which was taken by Mr. Luckham, the President for the year.

President's Address.—The PRESIDENT delivered an address, in which he compared the methods of treatment in the times of Hippocrates, Paulus Ægineta, Paré, and, later, Gooch, with those of the present time. At the conclusion of the address the PRESIDENT, on behalf of the meeting, cordially welcomed Mr. Green as Secretary of the Branch in succession to the late Mr. H. J. Manning.

Vote of Thanks to the President.—Dr. COUSINS moved, and Mr. STRATON seconded, a vote of thanks to the President for his interesting address and for his hospitality to the meeting. This was carried unanimously.

Dr. Dawson Williams.—Dr. COUSINS then moved, and Mr. WILLCOX seconded, a resolution expressing the sympathy of the meeting with Dr. Dawson Williams. The terms of the resolution, which was carried unanimously, were published in the JOURNAL of July 23rd, p. 217.

Association Notices.

ELECTION OF CENTRAL COUNCIL 1910-11.

To those Branches or groups of Branches in the United Kingdom who failed to make nominations for election of members of the 1910–11 Council,

Notice is hereby given that nominations of candidates for election of Members of Council by Branches or groups of Branches in the United Kingdom by voting papers for the year 1910–11 must be forwarded to reach the Financial Secretary and Business Manager, at the Office of the Association, not later than September 14th, 1910, and that each nomination must be on the prescribed form, copies of which will be furnished by the Financial Secretary and Business Manager upon application.

Separate forms have been prepared for a nomination by a Division and for a nomination by any three members respectively, and those applying are requested to state for which purpose the form is desired.

Voting papers containing the names of all candidates duly nominated will be issued from the Central Office on September 21st, and will be returnable not later than September 26th.

By Order of the Council,

GUY ELLISTON,

Financial Secretary and Business Manager.

August 3rd, 1910.

POOR LAW REFORM AND MEDICAL STATE AID.

THE supporters of the Minority proposals of the Poor Law Commission took advantage of the presence in London of many provincial practitioners for the Annual Meeting of the British Medical Association to enlighten them as to the scope and character of the projected reforms, and particularly as to the manner in which those reforms would affect the medical profession. A reception and discussion with this object in view took place at Caxton Hall on the afternoon of July 27th, the discussion being opened by Mr. Sidney Webb.

Dr. HERBERT MANLEY, who occupied the chair, and who was supported by Dr. Christopher Addison, M.P., Professor Benjamin Moore, Dr. R. A. Lyster, and others, urged the medical practitioner to accustom himself to a really broad idea of a State medical service, and to keep the narrow pecuniary point of view in the background. He believed that what was best for the State would ultimately be quite good for the profession, and he could not understand why the majority of his colleagues, who were willing to have their gratuitous services exploited by charitable organizations and friendly societies, were so dreadfully afraid of State remuneration. For himself, he would rather trust the State than philanthropies.

Mr. SIDNEY WEBB, after some general observations, devoted the main part of his address to the consideration of a scheme for a unified public medical service. He elaborated the present antagonism of purpose between the public health officer and the medical officer under the Poor Law. The man who combined the two offices would, in the first of these capacities, be urgent in the finding out of incipient disease, and, in the second, he would feel it his duty to deter people, who might, for instance, be the victims of early phthisis, from seeking relief unless they were destitute. Given a rational public health service, the great white scourge of phthisis, which was said to be responsible for one-seventh of the destitution which existed, could be dealt with as successfully as typhus. Coming to details, he foreshadowed the merging of the Poor Law medical and the public health services into a great unified county medical service. Such a service would be under a medical chief—an officer having medical qualifications but administrative experience. Under his supervision the county medical service would consist of three distinct sections. In the first place, there would be a clinical section for the treatment of disease in the individual patient; next, a sanitary service, concerned with large measures of general prevention; and, thirdly, an institutional service of resident medical officers. The county medical officer would be assisted by a representative of each of these sections—a clinician, a sanitarian, and a man experienced in institutional management. Prevention, a word of large area, would be their aim. It would mean the prevention of the occurrence of the disease, of its continuance, its recurrence, its transmission. But what about the private medical practitioner? Well, they must not imagine that this organized service meant that everybody was going to be treated free. What it did mean was that there should be access to the doctor with the least possible formality. After treatment had been given, inquiry would be made by the registrar, and if it were found that the person applying for medical State aid possessed means, an account would be sent in for a fee at least as large as he would have had to pay his private doctor. He had no fear at all about the practical value of this method of recovery.

A reference by Mr. Webb to the "British Medical Association scheme," which, he said, he would not discuss because it was concerned with people who were able to pay the fees, brought up Dr. FOTHERGILL with the protest that there was no "British Medical Association scheme." It was difficult to define the exact position to those unfamiliar with the organization of the British Medical Association, but although some suggestions had been drawn up by a committee and had received the provisional assent of the Representative Meeting, they had yet to be sent round to the Divisions and to be resubmitted, and the scheme in its final form might bear no relation at all to its present embryonic one. Dr. Fothergill also asked who, under Mr. Webb's plan for recovery, would have the recovered money. That money belonged to the general practitioner, and he considered the system to be one of subsidizing at the general practitioner's expense.

Professor BENJAMIN MOORE said that although not a supporter of the Minority scheme in its entirety, he thought it the most economical of the schemes before the country, and he was of opinion that with a thoroughly nationalized medical service they could make tuberculosis in this country as rare as small-pox.

Dr. A. C. RAYNER (Preston), on the ground that seven-tenths of the existing destitution was due to drink, questioned whether the proposals of the Minority would touch that evil, and thus prevent the major part of destitution.

Dr. J. H. TAYLOR (Salford) maintained, in opposition to Mr. Webb, that the "scheme"—so far as it could be called one—of the British Medical Association, had provision by which paupers could be brought under it. With regard to a free medical service, he gathered that Mr. Webb thought there was more likelihood of this under the Majority scheme than under the Minority. (Mr. WEBB: Hear, hear.)

That confusion arose out of the fact that two paragraphs of the Majority Report were contradictory. One affirmed that before any person was medically treated there should be inquiry into his circumstances, and the other that treatment should be given first. He wrote to Lord George Hamilton on this point, and in his letter in reply Lord George said that the latter paragraph should only apply to emergency treatment.

Dr. LEONARD HILL and others having spoken,

Mr. SIDNEY WEBB replied, and apologized for misunderstanding "the complicated constitution of the British Medical Association." He had no particular concern, he said, with the purpose to which the recovered money should be devoted. It might go for old age pensions for meritorious private practitioners. He thought that the drink evil was dealt with very thoroughly under the Minority scheme—among other ways, by the hold it gave the public officers over the drinking man who neglected his family. The agitation, he said in conclusion, was going to be carried on to the bitter end. The country, he believed, was prepared for a great move forward. In that move forward the medical profession could be of tremendous assistance. Medical men were a great force in the community. But they were not a great force when they fought merely for their own hand, and therefore he was glad that in this respect they fought so very badly.

CENTRAL MIDWIVES BOARD.

A MEETING of the Central Midwives Board was held at Caxton House, Westminster, on July 28th, with Sir FRANCIS H. CHAMPNEYS in the chair.

Midwives Bill.

A letter was considered from the Clerk of the Council, transmitting a copy of a letter addressed to him by the Lord Mayor of Manchester, with a copy of a resolution passed by the City Council suggesting the omission of the words "conducted for profit" in Clause 15 of the Midwives Bill, 1910, as introduced into the House of Lords by Lord Wolverhampton.

It was agreed that the reply be that the Board observes that the suggested amendment has been carried out in the Midwives (No. 2) Bill, 1910.

"Covering" a Midwife.

A letter was considered from the Medical Officer of Health for Leicester as to the "covering" by a certain certified midwife of a woman whose name was removed from the roll.

The Board decided that inquiries be made as to whether the woman has in fact ever delivered a patient by herself since her name was removed from the roll, and whether she has ever visited a patient without being accompanied by the other midwife.

Advertising.

A letter was considered from the General Secretary of the Medical Defence Union calling attention to an advertisement and the issue of circulars by a certified midwife.

The Board decided that the reply be that the midwife did not appear to have infringed any of the rules of the Board.

A letter was considered from the Medical Officer of Health for Manchester calling attention to a number of advertisements by certified midwives in Manchester papers.

The Board decided that the Medical Officer of Health for Manchester be referred to Rule E 26 as the governing rule in relation to the proper description of a midwife.

Charge of Misconduct.

A letter was considered from the Clerk of the London County Council as to a charge of misconduct brought by a certified midwife against another certified midwife formerly in her employment.

The Board decided that the local supervising authority for the County of London be requested to trace the midwife if possible, and, if she can be communicated with, to consider whether a prima facie case of misconduct has been established against her.

Construction of Rule E 5.

A letter was considered from the Clerk of the Hants County Council as to the construction of Rule E 5.

It was agreed that the Board approve the Secretary's reply, stating that the clear intention of the rule is that the midwife should not attend another case until the local supervising authority are satisfied that she herself, her instruments, and other appliances have been properly disinfected.

Notification of Intention to Practise.

A letter was considered from a certified midwife inquiring as to the necessity of notification of intention to practise where, though a doctor is always engaged for a case, she herself habitually delivers the patient.

The Board decided that the midwife be informed that inasmuch as her question involved points of law the Board did not consider it their province to advise.

Nursing Association and Local Supervising Authority.

A letter was considered from the Honorary Secretary of the Derby County Nursing Association complaining of the action of the local supervising authority in interfering with the work of the association.

The Board decided that the Derby County Nursing Association be informed that the Board has no power to control the actions of the officers of the local supervising authorities, nor has it any jurisdiction in the matter.

Vital Statistics.

ENGLISH URBAN MORTALITY IN THE SECOND QUARTER OF 1910.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

IN the accompanying table will be found summarized the vital statistics for seventy-seven of the largest English towns, based upon the Registrar-General's weekly returns for the second quarter of the year. The 110,079 births registered in these towns during the quarter were equal to an annual rate of 26.1 per 1,000 of the population, estimated at 16,940,895 persons in the middle of the year; in the corresponding quarters of the three preceding years the rates were 28 1, 27 9, and 26.6 per 1,000 respectively. In London the birth-rate last quarter was equal to 24 9 per 1,000, while it averaged 26.5 in the seventy-six other large towns, and ranged from 14 2 in Hornsey and in Hastings, 18 4 in Bournemouth, 19.1 in Halifax, and 19.5 in Handsworth (Staffs) and in Bradford, to 33.0 in Wigan, 34.3 in Coventry, 34.4 in Tynemouth, 34.6 in Swansea, 35.9 in St Helens, and 41.0 in Rhondda.

The 53,242 deaths registered in these towns last quarter were equal to an annual rate of 12 6 per 1,000; in the second quarters of the three preceding years the rates were 14 9, 13.7, and 13 9 per 1,000. The death-rate in London last quarter was equal to 11.6 per 1,000, while it averaged 13.0 in the seventy-six other large towns, and ranged from 7 4 in Hornsey, 7 5 in King's Norton, 7 7 in Walthamstow and in Handsworth (Staffs), and 8.6 in Willesden, in East Ham, and in Leyton, to 15.7 in Preston and in Tynemouth, 16 1 in Stockport, 16.2 in Manchester, 17.7 in Liverpool, 17 8 in Oldham, and 20,6 in Merthyr Tydfil.

The deaths in these seventy-seven towns last quarter included 4,855 which were referred to the principal infectious diseases; of these 6 resulted from small-pox, 1,596 from measles, 315 from scarlet fever, 390 from diphtheria, 1,782 from whooping-cough, 166 from enteric fever, and 600 from diarrhoea. These 4,855 deaths were equal to an annual rate of 1.14 per 1 000, the death-rates from the same diseases in the corresponding period of the three preceding years having been 1.58, 1 13, and 1 37 per 1 000. Among the several towns the death-rates from these diseases last quarter ranged from 0 19 in Reading, 0.28 in Hornsey, 0.30 in Brighton, and 0 32 in Bournemouth and in Northampton, to 1.84 in South Shields, 1 87 in Salford, 1.90 in Oldham, 2.18 in Burton-on-Trent, 2 22 in Bootle, 2.27 in Manchester, 2.68 in Liverpool, and 4.48 in Merthyr Tydfil; in London the rate was 1.08 per 1,000. The 1,596 deaths from measles were equal to an annual rate of 0 38 per 1,000; in London the death-rate from this disease was 0.45, while among the other towns it ranged upwards to 0 87 in Stoke-on-Trent, 0 97 in Bootle, 1 09 in Liverpool, 1.18 in Bradford 1 46 in Burton-on-Trent, and 3.78 in Merthyr Tydfil. The 315 deaths from scarlet fever corresponded to a rate of 0.07 per 1,000; in London the rate was 0 04, while among the seventy-six other towns the highest rates were 0.18 in Portsmouth, 0 21 in Stoke on-Trent, 0.23 in Aston Manor, 0.27 in Bolton, 0.33 in St. Helens, 0 34 in Bury, and 0 39 in Coventry. The 390 fatal cases of diphtheria were equal to a rate of 0 09 per 1,000; in London the mortality from this cause was 0 06 per 1,000, while among the other large towns it ranged upwards to 0.21 in Salford and in Tynemouth, 0.22 in Bournemouth, in Warrington, and in Stockton-on Tees, 0.24 in Preston, 0.34 in Middlesbrough, and 0.36 in Burton-on-Trent. The 1,782 deaths from whooping-cough corresponded to a rate of 0.42 per 1,000; in London the death-rate from whooping-cough was 0.37, while among the other towns the highest rates were 0.90 in Devonport and in Gateshead, 0.97 in Liverpool and in Bootle, 1.03 in Oldham, 1.07 in South Shields, and 1.10 in Manchester. The 166 fatal cases of enteric fever were equal to an annual rate of 0 04 per 1,000; in London the rate was only 0.02 per 1,000, but it ranged upwards in the other towns to 0.14 in Bury and in Bradford, 0.15 in Stockton-on-Tees, 0.16 in Warrington, 0.18 in Portsmouth, 0 22 in

Analysis of the Vital Statistics of Seventy-seven of the Largest English Towns during the Second Quarter of 1910.

Towns.	Estimated Population middle of 1910.	Births.	Deaths.	Annual rate per 1,000 Living.			Deaths from Principal Infectious Diseases.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-cough.	Enteric Fever.	Diarrhoea.	Deaths of Children under one year of age to 1,000 Births.	Rate per cent. of Uncertified Deaths.
				Births.	Deaths.	Principal Infectious Diseases.										
77 Towns	16,940,895	110,079	53,242	26.1	12.6	1.14	4,855	6	1,596	315	390	1,782	166	600	96	0.8
76 Provincial Towns	12,068,193	79,822	39,148	26.5	13.0	1.18	3,552	6	1,054	265	318	1,336	138	435	99	1.1
London	4,872,702	30,257	14,094	24.9	11.6	1.08	1,303	—	542	50	72	446	28	15	88	0.1
Croydon	164,485	996	431	24.3	10.5	0.78	32	—	18	3	4	6	—	61	67	—
Willesden	166,088	1,025	356	24.8	8.6	0.75	31	—	16	—	2	10	—	3	63	0.3
Hornsey	98,561	350	183	14.2	7.4	0.28	7	—	—	1	—	3	1	2	46	0.5
Tottenham	132,803	979	356	29.6	10.8	0.57	19	—	1	2	2	11	—	3	80	—
West Ham	328,585	2,229	883	27.2	10.8	0.92	75	—	27	5	14	21	1	7	71	0.1
East Ham	156,208	928	333	23.8	8.6	1.03	40	—	23	2	5	8	—	2	93	—
Leyton	133,436	846	285	25.4	8.6	0.72	24	—	7	4	6	7	—	—	57	—
Walthamstow	141,748	821	271	23.2	7.7	0.65	23	—	12	3	1	6	—	1	63	0.4
Hastings	68,520	243	205	14.2	12.0	1.17	20	—	5	1	1	13	—	—	82	1.0
Brighton	131,900	720	407	21.9	12.4	0.30	10	—	1	—	—	8	1	—	78	0.2
Portsmouth	217,989	1,448	702	26.6	12.9	1.22	67	—	7	10	10	23	10	7	84	0.7
Bournemouth	73,947	339	220	18.4	11.9	0.32	6	—	—	—	4	1	—	1	80	1.8
Southampton	127,157	762	330	24.0	10.4	0.37	12	—	—	2	2	2	1	5	60	—
Reading	84,355	457	189	21.7	9.0	0.19	4	—	—	—	1	3	—	—	70	2.1
Northampton	99,113	535	265	21.7	10.7	0.32	8	—	2	—	1	5	—	—	79	1.1
Ipswich	75,936	487	233	25.7	12.3	0.75	14	—	2	—	3	6	1	2	82	—
Great Yarmouth	53,715	337	181	25.2	13.5	0.52	7	—	—	—	2	2	—	3	89	0.6
Norwich	125,446	761	357	24.3	11.4	0.42	13	—	2	3	3	—	1	4	83	1.7
Plymouth	126,266	653	395	20.7	12.5	0.57	18	—	1	1	4	10	1	1	67	—
Devonport	84,695	509	248	24.1	11.7	1.32	28	—	2	—	4	19	—	3	90	—
Bristol	382,550	2,172	1,039	22.8	10.9	0.51	49	—	4	2	10	16	2	15	76	—
Hanley	245,726	1,972	878	32.2	14.3	1.75	107	—	53	13	12	11	5	13	106	1.8
Burton-on-Trent	54,977	320	153	23.3	11.2	2.18	30	—	20	—	5	4	1	—	78	2.6
Wolverhampton	105,962	656	337	24.8	12.8	0.95	25	—	9	2	1	12	—	1	96	0.9
Walsall	101,035	719	290	28.5	11.5	0.68	17	—	4	3	1	—	1	8	103	0.7
Handsworth	72,355	351	139	19.5	7.7	0.56	10	—	—	1	—	4	1	4	71	0.7
West Bromwich	71,138	523	215	29.5	12.1	0.63	11	—	—	3	1	1	—	6	92	2.3
Birmingham	570,113	3,815	1,767	26.8	12.4	0.97	138	—	2	19	13	89	1	14	106	2.8
King's Norton	84,673	446	158	21.1	7.5	0.56	12	—	—	—	3	7	—	2	65	3.2
Smethwick	72,350	492	188	27.3	10.4	1.16	21	—	—	3	2	6	2	8	79	1.6
Aston Manor	86,269	527	191	24.5	8.9	0.75	16	—	—	5	1	8	1	1	44	0.5
Coventry	81,449	696	283	34.3	13.9	0.74	15	—	—	8	3	1	—	3	79	2.1
Leicester	248,374	1,419	611	22.9	9.9	0.37	23	—	2	2	—	14	2	3	82	0.7
Grimsby	74,283	529	219	28.6	11.8	1.19	22	—	—	—	1	12	4	3	115	0.5
Nottingham	266,471	1,742	885	26.2	13.3	1.11	73	—	19	6	10	22	5	11	108	0.5
Derby	131,256	843	332	25.8	10.1	0.39	13	—	3	—	2	2	2	4	79	—
Stockport	105,087	679	423	25.9	16.1	1.57	41	—	18	—	2	15	1	5	135	0.2
Birkenhead	122,431	925	432	30.3	14.2	1.30	40	—	1	1	4	26	4	4	114	0.7
Wallasey	73,173	503	261	27.6	14.3	1.18	20	—	2	1	1	10	1	5	80	1.1
Liverpool	767,606	5,956	3,389	31.1	17.7	2.68	513	—	208	32	18	186	10	59	128	1.5
Bootle	70,548	521	241	29.6	13.7	2.22	39	—	17	1	2	17	—	2	121	3.3
St. Helens	96,523	864	299	35.9	12.4	0.74	18	—	1	8	—	7	—	2	95	4.3
Wigan	91,732	754	305	33.0	13.3	0.48	11	—	3	3	—	2	1	2	94	—
Warrington	73,295	596	276	32.6	15.1	1.20	22	—	4	1	4	8	3	2	99	5.1
Bolton	190,315	1,125	575	23.7	12.1	1.25	59	—	—	13	7	33	1	5	102	1.0
Bury	59,409	308	193	20.8	13.0	0.62	9	—	—	5	1	—	2	1	110	2.6
Manchester	716,354	5,209	2,902	29.2	16.2	2.27	404	—	117	20	23	196	18	30	121	0.8
Salford	244,636	1,639	932	26.9	15.3	1.87	114	—	28	4	13	46	8	15	126	0.5
Oldham	144,111	999	641	27.8	17.8	1.90	68	—	11	—	2	37	4	14	136	—
Rochdale	90,497	509	317	22.6	14.1	0.74	17	—	1	1	3	8	2	2	77	2.2
Burnley	107,448	700	375	26.1	14.0	1.31	35	—	6	4	3	13	—	9	131	0.8
Blackburn	137,972	775	463	22.5	13.5	1.22	42	1	24	6	2	1	—	8	101	3.0
Preston	119,253	738	468	24.8	15.7	1.35	40	—	16	3	7	2	4	8	148	2.8
Barrow-in-Furness	63,689	444	210	28.0	13.2	1.45	23	—	11	—	3	6	—	3	110	3.8
Huddersfield	94,702	555	360	23.5	15.2	0.84	20	—	4	3	2	10	—	1	77	0.6
Halifax	112,818	536	363	19.1	12.9	0.61	17	—	3	—	5	6	—	3	56	1.7
Bradford	295,865	1,441	1,064	19.5	14.4	1.69	124	—	87	2	9	8	10	8	119	0.5
Leeds	490,985	2,831	1,623	23.1	13.3	0.93	116	—	27	10	15	47	3	14	114	0.1
Dewsbury	51,224	283	174	22.2	13.6	0.94	12	—	7	—	—	1	1	3	124	—
Sheffield	478,763	3,205	1,470	26.9	12.3	1.12	133	1	13	12	6	82	4	15	96	0.7
Rotherham	66,414	448	205	27.1	12.4	0.90	15	—	1	1	1	7	4	1	114	0.5
York	88,159	522	224	23.7	10.2	0.37	8	—	5	—	—	2	—	1	65	—
Hull	280,006	2,047	909	29.3	13.0	0.82	57	1	21	2	6	22	1	4	82	1.4
Middlesbrough	107,014	868	397	32.5	14.9	0.95	25	—	1	1	9	5	1	8	97	0.8
Stockton-on-Tees	53,680	392	198	29.3	14.8	1.26	17	—	6	—	3	3	2	3	97	2.0
West Hartlepool	81,814	497	201	24.4	9.9	0.54	11	—	—	1	—	10	—	—	97	—
Sunderland	161,083	1,226	579	30.5	14.4	1.13	46	—	22	5	5	11	1	2	99	2.4
South Shields	119,737	890	429	29.8	14.4	1.84	55	2	14	1	2	32	—	4	104	3.0
Gateshead	133,676	978	424	29.3	12.7	1.62	54	—	13	—	2	30	1	8	139	5.4
Newcastle-on-Tyne	285,951	1,909	933	26.8	13.1	0.72	52	—	10	3	6	23	—	10	94	0.4
Tynemouth	56,378	483	221	34.4	15.7	0.85	12	—	—	1	3	5	—	3	110	1.4
Newport (Mon.)	79,729	614	284	30.9	14.3	1.21	24	—	1	2	2	17	1	1	111	0.7
Cardiff	199,189	1,299	601	26.2	12.1	1.06	53	1	25	4	5	8	3	7	85	0.2
Rhondda	138,674	1,417	495	41.0	14.3	1.10	38	—	1	6	3	12	2	14	104	0.6
Merthyr Tydfil	79,522	638	408	32.2	20.6	4.48	89	—	75	4	2	3	—	5	161	0.5
Swansea	98,817	852	369	34.6	15.0	0.76	19	—	8	—	3	6	1	1	79	—

Grimsby, and 0.24 in Rotherham. The 600 fatal cases of diarrhoea corresponded to a rate of 0.14 per 1,000; in London also the death-rate from this cause was 0.14 per 1,000, the highest rates recorded among the other towns being 0.31 in Liverpool, 0.32 in Walsall, 0 34 in West Bromwich and in Burnley, 0 39 in Oldham, 0.40 in Rhondda, and 0.44 in Smethwick. Of the 6 deaths from small-pox, 2 belonged to South Shields, and 1 each to Blackburn, Sheffield, Hull, and Cardiff.

Infant mortality, measured by the proportion of deaths among children under 1 year of age to registered births, was equal to 96 per 1,000 last quarter, against 110, 100, and 101 per 1,000 in the corresponding periods of the three preceding years. In London the rate of infant mortality was 88 per 1,000, while it averaged 99 in the seventy-six other large towns, and ranged from 44 in Aston Manor, 46 in Hornsey, 56 in Halifax, 57 in Leyton, 60 in Southampton, and 63 in Willesden and in Walthamstow to 131 in Burnley, 135 in Stockport, 136 in Oldham, 139 in Gateshead, 148 in Preston, and 161 in Merthyr Tydfil.

The causes of 434, or 0.8 per cent., of the deaths in these towns last quarter were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Croydon, Tottenham, East Ham, Leyton, Southampton, Ipswich, Plymouth, Devonport, Bristol, Derby, Wigan, Oldham, Dewsbury, York, West Hartlepool, and Swansea; among the other towns the proportion per cent. of uncertified deaths ranged upwards to 3.0 in Blackburn and in South Shields, 3 2 in King's Norton, 3 3 in Bootle, 3.8 in Barrow-in-Furness, 4.3 in St. Helens, 5.1 in Warrington, and 5.4 in Gateshead.

HEALTH OF ENGLISH TOWNS.

IN seventy-seven of the largest English towns 8,900 births and 3.665 deaths were registered during the week ended Saturday, July 30th. The annual rate of mortality in these towns, which had been 11.0, 11.4, and 11.1 in the three preceding weeks, rose to 11.3 per 1,000 last week. The rates in the several towns ranged from 2.1 in Hornsey, 4.3 in Leyton, 4.9 in Stockton-on-Tees, 6 2 in King's Norton, and 6 3 in East Ham, to 17.1 in Salford, 17.5 in Norwich, 17.7 in Bootle, 18.5 in Swansea, 18.7 in Huddersfield, and 19.0 in Middlesbrough. The death-rate from the principal epidemic diseases averaged 1.1 per 1,000; in London the rate was 0.6 per 1,000, while among the seventy-six other large towns it ranged upwards to 3.1 in Walsall, 3 4 in Burnley, 3.7 in Bootle, and 4.1 in Barrow-in-Furness. Measles caused a death-rate of 1.0 in Nottingham, 1.1 in Liverpool, 1.3 in Merthyr Tydfil, and 3.3 in Barrow-in-Furness; whooping-cough of 1.7 in Salford and 1 9 in Burnley; and diarrhoea of 1.5 in Rhondda, 1.7 in Wigan, 2 1 in Birkenhead, 2.6 in Walsall, and 3.0 in Bootle. The mortality from scarlet fever, diphtheria, and fever showed no marked excess in any of the large towns, and no fatal case of small-pox was recorded during the week. The number of scarlet fever cases under treatment in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 1,439, 1,530, and 1,548 at the end of the three preceding weeks, further rose to 1,563 at the end of the week under notice; 179 new cases were admitted during the week, against 188, 249, and 173 in the three preceding weeks.

HEALTH OF SCOTTISH TOWNS.

DURING the week ended Saturday last, July 30th, 854 births and 460 deaths were registered in eight of the principal Scottish towns. The annual rate of mortality in these towns, which had been 12.1, 12 4, and 12.0 in the three preceding weeks, rose to 12.7 per 1 000 last week, and was 1.4 per 1,000 above the mean rate during the same period in the large English towns. Among the Scottish towns the death-rates ranged from 8.4 in Leith and 9.8 in Aberdeen to 13 8 in Dundee and 13.9 in Glasgow. The death-rate from the principal infectious diseases averaged 1 3 per 1,000, being highest in Paisley and Glasgow. The 236 deaths from all causes recorded in Glasgow included 3 which were referred to measles, 1 to scarlet fever, 3 to diphtheria, 9 to whooping-cough, 4 to fever, and 17 to diarrhoea.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, July 23rd, 615 births and 359 deaths were registered in the twenty-two principal urban districts of Ireland, as against 686 births and 347 deaths in the preceding period. The annual death-rate in these districts, which had been 16.1, 17 0, and 15.7 per 1,000 in the three preceding weeks, rose to 16 3 per 1,000 in the week under notice, this figure being 5 2 per 1,000 higher than the mean annual death-rate in the seventy-seven English towns for the corresponding period. The figures in Dublin and Belfast were 17.2 and 15.6 respectively, those in other districts ranging from 4 0 in Dundalk and 4.2 in Newry to 23 3 in Wexford and 24.6 in Kilkenny, while Cork stood at 19.9, Londonderry at 8.4, Limerick at 13.7, and Waterford at 19.5. The zymotic death-rate in the twenty-two districts averaged 2.2 per 1,000, as against 1.6 per 1,000 in the preceding week.

Naval and Military Appointments.

ROYAL NAVY MEDICAL SERVICE.

THE following appointments have been made at the Admiralty: Staff Surgeon J. R. MUIR, M.B., to the *Swiftsure*, July 25th; Surgeon R. CONNELL, M.B., to the *President*, additional, for the *Maine*, July 25th; Surgeon F. L. SMITH, to the *King Alfred*, July 26th; Surgeon J. H. B. MARTIN, M.B., to the *St. Vincent*, August 1st; Staff Surgeon W. H. S. SEQUEIRA, M.B., to the *Majestic*, on recommissioning, August 2nd; Surgeon E. CAMERON, M.B., to the *Vernon*, July 29th.

INDIAN MEDICAL SERVICE.

COLONEL T. E. L. BATE, C.I.E., Bengal, is permitted to retire from the service from July 12th. He joined the department as Surgeon, March 31st, 1875, and became Colonel, July 12th, 1905. He served in the Afghan war in 1879–80, receiving a medal.

Lieutenant-Colonel C. J. BAMBER, Bengal, is promoted to be Colonel from July 12th. He was appointed Surgeon, September 30th, 1878, and became Lieutenant-Colonel, September 30th, 1898. He is confirmed in the appointment of Inspector-General of Civil Hospitals, Punjab, from July 12th. His war record includes—the Mahsud Waziri Expedition, 1881; the Burmese campaign, 1886–7 (medal with clasp); and the campaign on the North-West Frontier of India, 1897–8 (medal with clasp).

Major F. O'KINEALY has been appointed Surgeon on the staff of the Governor-General of India elect.

Major W. H. COX, D.S.O., will temporarily carry on the duties of Principal Medical Officer, Aden Brigade, in addition to his own duties.

TERRITORIAL FORCE.

ROYAL ARMY MEDICAL CORPS.

Third East Anglian Field Ambulance—Major and Honorary Surgeon-Lieutenant-Colonel H. T. CHALLIS, M.D., to be Lieutenant-Colonel, June 20th.

Third Lowland Field Ambulance.—Lieutenant J. W. KEAY, M.D., to be Captain, June 1st.

Attached to Units other than Medical Units.—Lieutenant-Colonels F. H. APPLEBY and J. F. TABB resign their commissions, retaining their rank and uniform, July 30th

For Attachment to Units other than Medical Units.—W. T. BLACKLEDGE, M.B. (late Captain, 3rd West Lancashire Brigade, Royal Field Artillery), to be Captain, January 24th; N. W. KIDSTON, M.B., to be Lieutenant, May 1st; C. DOUGLAS, M.B., to be Lieutenant, May 19th.

Hospitals and Asylums.

CRICHTON ROYAL INSTITUTION, DUMFRIES.

FROM the annual report for the year 1909, of which through the courtesy of Dr. C. C. Easterbrook, the Medical Superintendent, we have received an advance copy, we see that the year was one of large structural alterations and improvements. These alterations included the completion of the new detached villas, the formation of hospital accommodation, provisional and permanent, for all classes of patients, and many other minor improvements. Notwithstanding these changes, the administration of the institution, Commissioner Macpherson says in his report, was perfectly satisfactory. Perhaps the most important event of the year, however, was the establishment of a special department for psychological investigation and research. As already intimated in the JOURNAL, the directors have instituted in furtherance of this scheme three fellowships, which are offered to medical men in order that they may devote themselves to original neurological and psychological research at the institution. One of these Crichton Fellowships has already been awarded.

On January 1st, 1909, there were 860 patients on the registers, of whom 828 were certificated patients and 32 voluntary patients, whilst on the last day of the year the certificated patients numbered 800 and the voluntary patients again 32. Excluding the voluntary patients, the total cases under care during the year numbered 960, and the average number daily resident 812.3

During the year 132 certificated patients and 28 voluntary boarders were admitted. As three of the certificated patients were admitted twice during the year, there were actually 129 persons (certificated patients) admitted, of whom 31 were transfers from other institutions and 98 receptions. Of the receptions, 81 were suffering from their first attack, and the remainder, including 3 congenital imbeciles, had had previous attacks. As to duration of disorder, in 59 the attacks were of less than three months, and in 20 more within twelve months of admission. The receptions were classified on admission into: Mania, 25; melancholia, 24; delusional insanity, 21; delirium, confusion and stupor, 8; primary and secondary dementia, 2 each; dipsomania, 5; insanity with epilepsy, 3; congenital imbecility, 3; general paralysis, 2; and moral insanity, 1. As regards causation, Dr. Easterbrook says that the onset of the illness was attributed by the patients and their relatives in most cases to such exciting causes as prolonged worry and anxiety and antecedent illness, and in others to loss of employment, overwork, shock, bodily injury, and alcoholism; but that in all cases where a complete history was obtainable there was distinct evidence of an underlying predisposition to mental disorder. No table, therefore, of etiological factors is included in the report. During the year 56 certificated cases were discharged as recovered, giving a recovery-rate on the reception (cases) of 42.4 per cent., 31 as improved, and 7 as not improved.

During the year also 66 of the certificated patients died, giving a death-rate on the average numbers resident of 8.1 per cent. The deaths were due in 22 to cerebro-spinal diseases, with 8 from general paralysis; in 15 to diseases of the heart and blood vessels; in 1 to bronchitis; in 1 to peritonitis (from duodenal ulcer); in 5 to genito-urinary diseases; and in the remaining 22 to general diseases, including 12 deaths, or over 18 per cent. of the total deaths, from tuberculosis.

The general health was good throughout the year, and apart from occasional mild cases of influenza the institution was free from zymotic disease.

NORTH CHARITABLE INFIRMARY, CORK.

THE North Infirmary, Cork, reports good work for the past year. The number of patients admitted to the medical and surgical wards of the infirmary numbered 1,155, namely, 341 medical and 814 surgical. The daily average number of beds occupied was 84; the number of deaths 67, namely, 35 medical and 32 surgical. There were over 400 major operations during the year. The number of accidents was 15,328, of which 2,518 were attended during the night. The number of attendances in the medical and surgical extern

departments totalled 21,937. The Honorary Secretary, in a special appeal for funds to provide a new extern department, states that complete reconstruction of this part of the hospital is an urgent necessity, and in this reconstruction the advisability of arranging for suitable accommodation for the house-surgeons and resident pupils would have to be considered. One of the members of the committee of the hospital makes a moving appeal for funds for the improvement of the accommodation of the little children in the hospital. The ward at present adjoins the operation rooms, and the committee desired to place them elsewhere in the building.

Vacancies and Appointments.

VACANCIES.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column, advertisements must be received not later than the first post on Wednesday morning.

BEDFORD COUNTY HOSPITAL.—House-Physician. Salary at the rate of £60 per annum.

BOURNEMOUTH ROYAL NATIONAL SANATORIUM.—Resident Medical Officer. Salary, £10 per month.

BRADFORD CHILDREN'S HOSPITAL.—House-Surgeon (male). Salary, £100 per annum.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—Two Assistant House-Surgeons. Salary, £60 and £50 per annum respectively.

BRISTOL GENERAL HOSPITAL.—Pathologist.

BRISTOL ROYAL INFIRMARY.—Honorary Medical Officer.

BRISTOL UNIVERSITY.—Demonstrator of Pathology.

CAMBRIDGESHIRE, ETC., ASYLUM, Fulbourn.—Second Assistant Medical Officer. Salary, £120 per annum, rising to £150 per annum.

CANTERBURY BOROUGH ASYLUM.—Assistant Medical Officer (male). Salary, to commence, £140 per annum.

CARMARTHEN: JOINT COUNTIES ASYLUM.—Second Assistant Medical Officer (male). Salary, £160 per annum, rising to £180.

CHELTENHAM GENERAL HOSPITAL.—House-Surgeon. Salary, £75 per annum.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Physician to Out-patients. Honorarium 40 guineas per annum.

DEVONPORT: ROYAL ALBERT HOSPITAL.—Assistant Resident Medical Officer. Salary at the rate of £50 per annum.

DORCHESTER COUNTY ASYLUM.—Junior Assistant Medical Officer. Salary, £140 per annum, rising annually.

DUDLEY: GUEST HOSPITAL.—Assistant House-Surgeon. Salary at the rate of £75 per annum.

DURBAN CORPORATION.—Medical Officer to initiate and carry on the work of a Municipal Tuberculosis Bureau. Salary, £600 per annum.

EDMONTON UNION INFIRMARY.—Resident Assistant Medical Officer (male). Salary, £100 per annum, rising to £140.

FRENCH HOSPITAL, Shaftesbury Avenue, W.C.—Resident Medical Officer. Salary, £100 per annum.

GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—Assistant House-Surgeon. Salary, £50 per annum.

HEREFORDSHIRE GENERAL HOSPITAL.—House-Surgeon. Salary, £100 per annum.

HULL: ROYAL INFIRMARY.—Two Casualty House-Surgeons. Salary at the rate of £60 per annum for six months, and £80 per annum for twelve.

LINCOLN GENERAL DISPENSARY.—Resident Junior Medical Officer. Salary, £175 per annum.

MAIDSTONE: WEST KENT GENERAL HOSPITAL.—(1) House-Surgeon. (2) Assistant House-Surgeon. Salary, £100 and £60 per annum respectively.

MANCHESTER: ANCOATS HOSPITAL.—Honorary Physician.

MANCHESTER HOSPITAL FOR CONSUMPTION, ETC.—Assistant Medical Officer and Pathologist at the Out-patient Department, Hardman Street. Salary, £60 per annum.

MIDDLESEX HOSPITAL, W.—Assistant Anaesthetist. Salary, £40 per annum.

NORFOLK AND NORWICH HOSPITAL.—Honorary Pathologist and Bacteriologist.

OXFORD: RADCLIFFE INFIRMARY AND COUNTY HOSPITAL.—(1) House-Surgeon. (2) Junior House-Surgeon. Salary at the rate of £80 per annum each.

REDHILL: EARLSWOOD ASYLUM.—Junior Assistant Medical Officer. Salary, £130 per annum, rising to £150, and £5 annually in lieu of stimulants.

ROCHDALE INFIRMARY.—Junior House-Surgeon. Salary, £80 per annum, rising to £90.

ROYAL NAVY MEDICAL SERVICE.—Dental Surgeon for duty with the Naval Forces in the United Kingdom. Inclusive salary, £1 per diem.

ROYAL WATERLOO HOSPITAL FOR CHILDREN AND WOMEN, S.E.—Junior Resident Medical Officer. Salary at the rate of £50 per annum.

SALISBURY: FISHERTON HOUSE ASYLUM.—Assistant Medical Officer (male). Salary, £50 per annum.

SHEFFIELD ROYAL HOSPITAL.—(1) Assistant House-Surgeon. (2) Assistant House-Physician. Salary, £50 per annum each.

SUNDERLAND: MONKWEARMOUTH AND SOUTHWICK HOSPITAL.—House-Surgeon. Salary, £100 per annum.

WEST HAM AND EAST LONDON HOSPITAL, Stratford, E.—Junior House-Surgeon. Salary at the rate of £75 per annum.

WIGAN: ROYAL ALBERT EDWARD INFIRMARY.—Junior House-Surgeon. Salary, £100 per annum.

APPOINTMENTS.

BEESLY, Lewis, F.R.C.S.Edin., Assistant Surgeon to Chalmers's Hospital, Edinburgh, and Lecturer on Surgery to the School of Medicine for Women, Edinburgh.

BOWEN, O. H., M.R.C.S., L.R.C.P., Junior Resident Medical Officer at the London Temperance Hospital, Hampstead Road, N.W.

GREENE, R. L. W., L.R.C.P. and S.Edin., District Medical Officer of the Stratford-on-Avon Union.

HARVEY, F., M.R.C.S., L.R.C.P., District Medical Officer of the Rotherham Union.

HAY, A. E., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Isle of Wight Union.

HAYNES, H. G. L., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Market Bosworth Union.

JOHNSON, J. Anderton, M.B., Ch.B.Vict. and Liverp., District Medical Officer and Public Vaccinator to the Parish of St. Mary, Islington, N.

JOHNSTON, W. A., L.R.C.P. and S.I., District Medical Officer of the Bootle Union.

JULER, Frank A., M.B., B.Ch.Cantab., F.R.C.S., Ophthalmic Surgeon to the East London Hospital for Children, Shadwell.

LITTLEJOHN, E. S., B.A.Syd., M.D., C.M.Edin., a Senior Honorary Physician to the Royal Alexandra Hospital for Children, Sydney, vice E. J. Jenkins, M.A., M.D.Oxon., M.R.C.P., M.R.C.S., L.S.A. Lond., resigned.

LOWRY, James Arthur, M.D., R.U.I., Medical Superintendent, Surrey County Lunatic Asylum, Brookwood, vice Dr. J. E. Barton, resigned.

MITCHELL, W. F., L.R.C.P. and S.Edin., District Medical Officer of the Okehampton Union.

NELIGAN, J. C., L.R.C.P.Edin., L.S.A., District Medical Officer of the Teesdale Union.

SEAL, P. H., M.B., B.S.Lond., District Medical Officer of the South Molton Union.

TATE, S., M.D., B.Ch., R.U.I., District Medical Officer of the Spalding Union.

WALKER, F. E., M.B., B.S.Lond., District Medical Officer of the Uxbridge Union.

WALKER, M. G. L., M.B., Ch.B.Leeds, District Medical Officer of the Keighley Union.

WALLACE, R. F. H. S., M.R.C.S., L.R.C.P., District Medical Officer of the Spilsby Union.

WHITEHOUSE, W. H., M.D., Medical Officer of Health of the Borough of Aston Manor.

WILCOX, H., M.B., District Medical Officer of the Blandford Union.

WOLSTENHOLME, T. B., M.B., Ch.B.Vict., District Medical Officer of the Burton-upon-Irwell Union.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

HOLMES.—On July 31st. at Down Hall, Rippingale, Lincs., the wife of A. Hewston Holmes, M.D., of a son.

NATTLE.—On June 24th, at Mohales Hoek, Basutoland, the wife of W. R. Nattle, M.R.C.S.Eng., L.R.C.P.Lond., of a son.

MARRIAGE.

BROTHERSTON—SMITH.—At Garrarie, Whithorn, on August 3rd, by the Rev. John Gordon, William Brotherston, Writer to the Signet, Edinburgh, and Margaret Merry Smith, M.B., Ch.B., D.P.H.

DIARY FOR THE WEEK.

POST-GRADUATE COURSES AND LECTURES.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith Road, W.—Daily arrangements—Medical and Surgical Clinics, Operations, and *X* Rays at 2 p.m. Monday, Surgical Registrar, 10 a.m.; Pathological Demonstration, 12 noon; Eye, 2 p.m. Tuesday, Gynaecological Operations, 10 a.m.; Throat, Nose, and Ear, 2 p.m.; Skin, 2 p.m. Wednesday, Diseases of Children, 10 a.m.; Throat, Nose, and Ear Operations, 10 a.m.; Lecture-Practical Medicine, 12.15 p.m.; Eye, 2 p.m.; Gynaecology, 2 p.m. Thursday, Surgical Registrar, 10 a.m.; Eye, 2 p.m.; Orthopaedics, 2 p.m. Friday, Gynaecological Operations, 10 a.m.; Throat, Nose, and Ear, 2 p.m.; Skin, 2 p.m. Saturday, Diseases of Children, 10 a.m.; Eye, 10 a.m. Special Lectures at 5 p.m. on Monday, Wednesday, and Thursday.

PUBLISHERS' ANNOUNCEMENTS.

MESSRS. REBMAN, LIMITED, will shortly publish a new book by Dr. Berry Hart, of Edinburgh, entitled *Some Phases of Evolution and Heredity*. The author describes the chief theories of evolution. Darwinism, Weismanism, and Mnemism are critically considered from modern points of view. A new theory of evolution and its transmission is put forward, showing that probably these two processes are intrinsic, and not affected by outside conditions so much as is generally held, and that biometric work must take a high place in future in these questions. In the remaining chapters the questions of the bearing of modern views and those of heredity, etc., are considered.

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